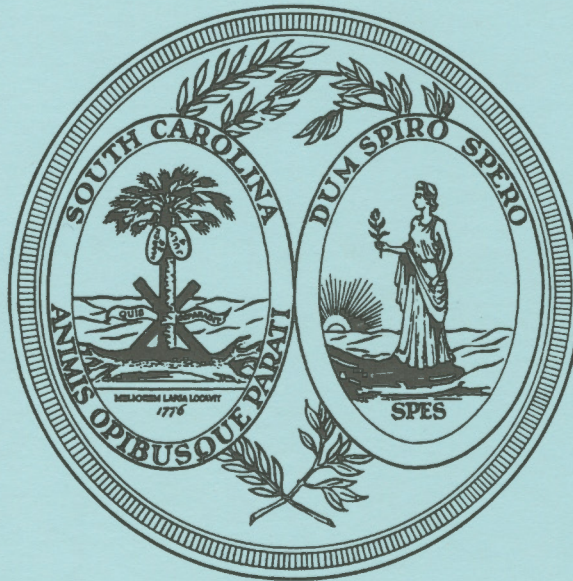


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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH



ANNUAL REPORT 1993-1994

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South Carolina
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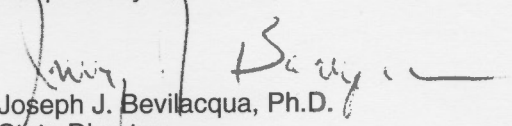
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Joseph J. Bevilacqua, Ph.D.
Director of Mental Health

October 17, 1994

To his Excellency Governor Carroll A. Campbell, Jr., and the Honorable Members of the General Assembly of South Carolina, transmitted herewith is the Annual Report of the South Carolina Department of Mental Health for fiscal year 1993-94.

Respectfully submitted,


Joseph J. Bevilacqua, Ph.D.
State Director

Enclosure

MENTAL HEALTH COMMISSION:

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Louise R. Hassenplug, Vice-Chairman, Rock Hill

Charles T. Balle, M.D., Seneca
Richard A. Eckstrom, Greenville

Elizabeth L. Forrester, Georgetown
James E. Whitford, Sr., M.D., Goose Creek

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INTRODUCTION

The S.C. Department of Mental Health (DMH) is divided into 17 geographical areas called catchment or service areas. Each area has a comprehensive mental health center. Each center is governed by a local administrative board that operates within policies and guidelines set by the department. These centers serve the state's 46 counties through their main facilities and a network of clinics and outreach programs. They are the entry point into the state's public mental health system.

When a center's resources cannot meet a patient's needs, the center refers that patient to one of the department's nine inpatient facilities.

DMH is governed by the seven members of the S.C. Mental Health Commission, who are appointed for five-year terms by the governor, with the advice and consent of the state Senate. The governor can remove commission members at his discretion.

The South Carolina Department of Mental Health's mission statement is as follows:

OUR MISSION

The men and women of the S.C. Department of Mental Health, in partnership with consumers, families and their diverse communities, will assist citizens with mental disorders to improve the quality of their lives.

OUR PRIORITIES

The department will give priority to adults and children with serious mental illnesses and serious emotional disturbances and will fulfill its legislative mandates. We will work cooperatively with other agencies, both public and private, to assure continuity of services based on the needs of the individual.

OUR VALUES

Respect for the Individual

We believe that the people we serve have the right to personal dignity, respect and the highest possible degree of independence. We are committed to services that promote the individual's quality of life, focus on the individual's strengths, foster independence, and honor the rights, wishes and needs of the individual.

Support for Local Care

We believe that people are best served within their home community. We are committed to the availability of a full and flexible range of coordinated services with the community as the primary focus of care, and services that appropriately meet the needs of the individual in the most normal environment possible. We are committed to programs which build upon the local support provided by family, friends, other agencies and the community, and which offer employment, leisure, learning, residential and psychiatric/rehabilitation services within this supportive framework.

Professionalism and Commitment to Quality

We believe that we should encourage and reward excellence. We will create a work environment which inspires and promotes innovation and creativity, supports education and research, and continually seeks more efficient and effective ways to provide clinical and administrative services. We are committed to a skilled and ethical work force, culturally competent and dedicated to the highest standards of courtesy, understanding and respect. We will be an agency worthy of the highest level of public trust.

*Adopted by the S.C. Mental Health Commission
May 3, 1994*

Office of the State Director

The Department continues to focus its efforts on delivering services to people with serious mental illnesses as close to home as possible, rather than disrupting their lives by sending them to large, central hospitals miles away from home.

In the past 10 years, therapeutic evidence has supported the view that most people who have a serious mental illness do better clinically when treated in the community rather than living in state mental hospitals. People with mental illnesses need and require close family and community support. They get better faster and stay better longer when they receive services in their community, if these programs are reasonably funded, well organized and easily available.

Achieving this transition to local care and providing more services to children, adolescents and their families will continue as the agency's primary goals for FY 94-95.

Many of this year's achievements reflect the agency's continuing effort to build a comprehensive community-based system of care.

Following are the agency's major FY 93-94 goals and major accomplishments:

Goal I -- To move the Transition to Local Care (TLC) initiatives forward in spite of budget reductions imposed by the Budget and Control Board or the General Assembly. Specifically, to ensure the eight community mental health center TLC projects approved in FY 91-92 are implemented in FY 93-94

- * At the end of this two-year initiative, 146 of the 147 clients who were to have been placed have been placed in the community. Seven of the eight TLC projects were on schedule and within budget. The Catawba Homeshare Project was not successful and was replaced by a project at the Coastal Empire Community Mental Health Center.

Goal II -- To demonstrate increasing participation of researchers and other academics in the service mission of the Department of Mental Health, and in the training of difficult-to-recruit specialists (psychiatrists, psychiatric nurses, etc.)

- * The University of South Carolina's School of Medicine has psychiatric residents participating in the Columbia Area, Aiken-Barnwell, Lexington and Tri-County mental health centers. USC has 28 residents and 12 fellows who rotate through different facilities and centers.

- * Charleston Area Mental Health Center was awarded a federal children's grant this fiscal year known as "The Village." The grant includes contracts involving faculty at the Medical University of Charleston and USC School of Medicine in research and service.

- * The USC Department of Neuropsychiatry and Behavioral Science and William S. Hall Psychiatric Institute began research activities in several areas including forensics, geriatrics, child psychiatry, sexual disorders, neuropsychiatry and mental health systems structure and functions. These are in addition to on-going programs in substance abuse, Alzheimer's disease, autism and psychotropic medications.

- * The South Carolina Public-Academic Mental Health Consortium held "Research Connection 1994: Improving Child and Family Services Through Collaborative Research" on February 11, 1994.

- * A paper on rural physicians' knowledge of dementia was submitted for publication. This paper grew directly out of the 1992 Research Connection.

Goal III -- Implement the first phase of the community mental health core service standards

- * The core service standards were implemented in July 1993. Throughout the past year the central office has worked with community mental health center directors to inventory their existing programs and assess their compliance with the standards.

The major compliance weakness was noted in the area of providing local psychiatric capacity and/or 24-hour, non-hospital crisis stabilization. However, the agency made significant progress in the closing months of FY 94.

- * The Waccamaw and Piedmont centers increased their local inpatient contracts. The Charleston/Dorchester center signed a no-cost agreement with MUSC to increase local inpatient capacity by 15 beds. The Anderson-Oconee-Pickens MHC opened a five-bed, non-hospital crisis stabilization facility. The Aiken MHC opened a similar five-bed facility. Early in FY 94-95, Coastal Empire MHC planned to manage three inpatient beds in the psychiatric unit of the new Beaufort Hospital and Columbia Area MHC planned to open a 15-bed, 24-hour, non-hospital crisis stabilization facility.

- * Fourteen mental health centers had active housing programs.
- * Seven centers had full-time volunteer coordinators.
- * Ten centers had consumer affairs coordinators.
- * A five-day training session was developed and implemented to train psychosocial clubhouse staff.
- * In an effort to increase support for specialty populations, the agency, in partnership with the Greenville Mental Health Center, developed a 10-bed community residential program for people who are deaf and have a mental illness and who have been long-term residents of the Department of Mental Health. Also, the agency developed three specialized community geriatric programs.

Goal IV -- Continue transition activities at Crafts-Farrow State Hospital and S.C. State Hospital

- * During the last two fiscal years, the combined census at these two facilities has dropped from 897 patients on July 1, 1992, to 764 on May 27, 1994. This represents almost a 15 percent reduction.

- * A "Quality Improvement Plan" was developed that made several recommendations regarding continued transition activities within the Division of Psychiatric Rehabilitation (Crafts-Farrow and S.C. State Hospital). This plan was given to the Mental Health Commission as information.

Goal V -- Bring on-line at least two new Fountain House model clubhouses

- * Two proposals were received in response to a request for proposal -- one from the Mental Health Association in South Carolina for the Lexington area and one from the Mental Health Association of Beaufort-Jasper for the Coastal Empire MHC area. A contract was awarded for the Lexington project. The Coastal Empire project was awaiting approval as the fiscal year ended.

Goal VI -- Complete implementation of foster care, adoptions and Department of Juvenile Justice joint projects

- * The agency hired 35 employees in its community programs to provide services to children who are designated as Child Protective Services Cases by the Department of Social Services. These employees spend a minimum of one day a week in DSS county offices.

- * The department, through Hall Institute, employed four mental health professionals to serve the emotionally disturbed children identified in the Department of Juvenile Justice federal lawsuit. These employees work out of the DJJ facility.

- * A case coordinator was hired to coordinate services between Hall Institute, DJJ and community mental health centers.

- * Trainers held the first of four regional workshops to train mental health center, DSS and Continuum of Care staff how to develop wrap-around and multi-agency treatment plans.

- * The first Child and Adolescent Training class was completed in March 1994. Funding for this training was provided through the CASSP Grant. A second class began.

Goal VII -- Formalize planning for how buildings and campuses at S.C. State Hospital and Crafts-Farrow will be used as they become vacant

- * A building utilization review was completed for the two hospitals.

Goal VIII -- Continue implementation of Total Quality Management

- * A staff person was appointed to staff the department's TQM efforts.

- * A Quality Council was appointed to direct the department's TQM initiatives.

- * Over 1,300 employees received introductory training in Total Quality Management.

- * Two community mental health centers formally adopted TQM as a philosophy and practice.

- * In May 1994, the South Carolina Mental Health Commission adopted a new mission statement for the S.C. Department of Mental Health, identified the agency's major priorities and set forth values to guide the department.

Additional accomplishments in FY 93-94 include:

- * The agency named a director of the office of consumer affairs. The director will be responsible for developing programs for consumers after they leave outpatient facilities, for developing programs and policies intended to integrate consumers into the

public and private work forces and advocating for the needs of consumers. The director will also assist professionals in better understanding the cultures of consumerism.

* The department, through its Cultural Competence Committee, developed a departmental plan to address the cultural needs of its clients and employees. The plan makes specific recommendations regarding policy, administration, human resources, community relations/public education, research and clinical services. The department also named a director of the Cultural Action Management Program.

* A year-long exhibit opened May 1994 at the S.C. State Museum that examines South Carolina's treatment of people with mental illnesses from the opening of the state's first mental hospital in the 1820s to today's community-based system of care. The exhibit, "Changing Minds, Opening Doors: A South Carolina Perspective on Mental Health Care," will remain open until May 1995. Funds to pay for the exhibit came from money left to the department by the late Mrs. Inez Nolan Fripp, who requested that the money be used to preserve the department's history. Mrs. Fripp worked for the department from 1915 to 1967 as executive secretary to six superintendents of S.C. State Hospital. After retiring, she was a consultant/director of the DMH Department of Archives for another 13 years.

The Director's goals for FY 94-95 are to:

- * maintain client transition to local community services from clinical facilities by evaluating and monitoring current TLC programs, implementing the second wave of TLC programs beginning October 1994, and continuing to reduce the census of inpatient facilities;

- * continue reducing inpatient census;

- * improve the community care of our mentally ill citizens with serious mental illnesses by increasing employment opportunities that are commensurate with clients' interests, skills and abilities;

- * strengthen the Department's cultural competency through the development and implementation of a Plan that is sensitive to the needs of minority clients and families;

- * establish quality work teams to act on the recommendations of the self assessment tools and the mission statement survey sent to employees of the Department;

- * increase the number of children being served by the DMH over last FY 94, with special emphasis on interagency collaboration;

- * increase housing in under-served areas for clients with serious mental illnesses by working with non-profit organizations and advocacy and consumer representatives, and focus on how to get consumers more involved in housing initiatives; and

- * evaluate all community mental health centers' compliance with core clinical standards and ensure corrective actions are taken, where necessary, so that all centers meet these standards.

The Division of Administrative Support

The Division of Administrative Support provides consolidated administrative support to our inpatient and community treatment programs. The division is comprised of four areas that provide support as follows: **Physical Plant Services**-includes professional engineering; special and preventive maintenance; construction and renovation; building codes and licensing standards; energy use and conservation; **Nutritional Services**-includes clinical nutritional services; food production; food delivery and food serving; **Departmental Services**-includes the departmental warehouse; consumable inventory; fixed assets; surplus property and Physical Plant Services supply functions; and **Management Services**-includes vehicle management; grounds maintenance; printing; microfilming; forms control; residential housing; vehicle and building insurance; and special projects.

Physical Plant Services

Physical Plant Services had many significant achievements during FY 93-94. Community mental health centers statewide are busy with department sponsored capital development plans. Physical Plant Services' staff are occupied with the management of various projects. Examples are assistance in architectural selection, land selection,

negotiating the project through the various steps that are required by the Budget and Control Board and generally managing the project until completion.

In the Northeast sector, Tri County Mental Health Center's Bennettsville office was completed and occupied. Progressing are Tri-County's Chesterfield and Dillon satellites. Waccamaw Mental Health Center is under construction and approximately 49 percent complete. Pee Dee Mental Health Center is finalizing schematic design and land acquisition.

In the Lowcountry, centers underway are: Coastal Empire Mental Health Center under construction and approximately 20 percent complete; and satellites in Coastal's five-county service area progressing. Of these, Allendale, Hampton, and Colleton offices are 85 percent complete. Charleston-Dorchester Mental Health Center has purchased their Dorchester satellite site and has selected a potential site in Charleston for a main office. Santee-Wateree Mental Health Center is currently involved in the bidding process for a satellite in Manning. Orangeburg Mental Health Center has selected an architectural firm to design their new main office in Orangeburg and design has been finalized for two of three planned satellites in their service area.

In the Upstate region, Beckman Mental Health Center has secured land for their Laurens satellite and has selected land for Newberry. Spartanburg Mental Health Center has selected an architectural firm to design their main facility with the site selection process underway, and Catawba Mental Health Center has selected a site for a new Lancaster satellite now under design.

In the Midlands, Lexington Mental Health Center selected land for an office in its service area and is planning a main center adjacent on the site. Also, Columbia Area Mental Health Center has an ongoing renovation of their Independence House on Carter Street and is currently completing design of a small administrative building on their campus to house their administration and Friendship Center staff.

Physical Plant Services' goals for the coming fiscal year are the timely completion of the above projects and continued quality and preventive maintenance to buildings and systems in our charge.

Nutritional Services

During FY 93-94, Nutritional Services has continued to improve patient care via meal service designed to maintain adequate nutritional status while offering a variety of seasonal foods and implementing menu changes in a more timely manner. Utilization of the COMPUTRITION computer software has allowed for the modification of the regular menu to meet the special needs of the major population groups, i.e., the Children and Adolescents of Hall Institute and the younger adult male patients of S.C. State Hospital.

Progress continues on the implementation of the cook/chill food delivery system, but much slower than anticipated. A change in the food delivery system requires the coordination of the service of approximately 2.6 million meals and 220,000 snacks in seven Columbia area facilities plus three Columbia Area Mental Health Center programs. The nutritional care component was systematically monitored through the Quality Improvement Program designed to meet the specific needs of each facility. The success of the clinical care component of Nutritional Services is ultimately measured by surveying agencies (DHEC, JCAHO, HCFA, etc.) in which there were virtually no deficiencies during the fiscal year.

Goals for FY 94-95 are to:

- * assure that the nutritional needs of each patient are met through performance improvement in food delivery and clinical care;
- * continue implementing a cook/chill food delivery system; and
- * modify the cycle menu to increase variety, use of seasonal foods, use of "theme" meals and special occasion meals.

Departmental Services

These operations are comprised of six sections--Warehouse, Fixed Assets, Forms Supply, Columbia Cluster Supply, Northeast Cluster Supply and Inventory Control. Responsibilities include not only ordering, stocking and issuing supplies, but they also include the technical supervision of all mental health facility supply points and property control points for major movable equipment.

Some of our goals for FY 93-94 were:

* Through use of the LAN System, we plan to improve our communication with other areas of DMH and increase our ability to serve them.

* We have been asking for an on-line computer system for inventory of consumable supplies and are hopeful of getting that this year.

* Our use of the LAN System has helped us serve our customers faster and better. The more we use it the more we find ways for it to help us serve our customers better.

* We don't have an on-line computer system yet, but we still are hopeful of getting it. The Internal Audit Section has recommended that we get one, but it has been delayed until the quality team can review it.

Departmental Service Operations has direct control over all stores that receive stock from vendors. Their activity for the year was as follows:

Store 00

| | |
|----------------|------------------|
| Receipts | \$ 2,698,830.020 |
| Issues | \$ 2,687,851.680 |
| # Units Issued | 8,087,259 |

Store 08

| | |
|----------------|----------------|
| Receipts | \$ 249,206.980 |
| Issues | \$ 245,679.920 |
| # Units Issued | 17,502,369 |

Store 21

| | |
|----------------|----------------|
| Receipts | \$ 208,540.070 |
| Issues | \$ 199,328.880 |
| # Units Issued | 5,795,165 |

Store 22

| | |
|----------------|----------------|
| Receipts | \$ 106,924.610 |
| Issues | \$ 113,377.130 |
| # Units Issued | 3,517,969 |

Disposal of Salvage/Surplus equipment and scrap during FY 93-94 amounted to:

| | |
|------------------|-------------|
| DMH Bid Sales | \$ 8,571.43 |
| Scrap Metal | \$ 52.27 |
| Scrap Silver | \$ 123.88 |
| Scrap Grease/Fat | \$ 62.08 |
| DMH Net Proceeds | \$ 8,809.66 |

State Surplus Sale of Surplus Vehicles:

| | |
|----------------------------|--------------|
| Total Sales | \$44,217.68 |
| State Surplus Charges | \$4,425.00 |
| Paid To State General Fund | \$19,896.34 |
| DMH Net Proceeds | \$ 19,896.34 |

State Surplus Sales of Surplus Equipment:

| | |
|----------------------------|-------------|
| Total Sales | \$ 8,843.76 |
| State Surplus Charges | \$ 2,860.00 |
| Paid to State General Fund | \$ 2,991.88 |
| DMH Net Proceeds | \$ 2,991.88 |

Goals for Coming Fiscal Year 94-95:

* We are still hopeful of getting an on-line computer system for consumable supplies.

* We hope to begin implementing a bar-coding system in the Fixed Assets Section.

Management Services

Management Services continued in FY 93-94 to support the facilities, centers and other entities in their missions through the provision of quality services. Each section met

the goals that it established and utilized the resources that were available in an effective and efficient manner. Management Services is a diverse component that is comprised of Printing, Records Management, Forms Management, Vehicle Management and Grounds Maintenance.

Division of Financial Services

The Accounting Section has completed the installation of the new on-line journal entry system. The system automates the manual process of preparing journal entries, journal vouchers, inter- and intra-departmental transfers. Budget and appropriation edits are performed by the computer and printed; magnetic media documents for the Comptroller General's STARS system are also prepared. The system increases the speed and accuracy of the agency's journal entry preparation.

The Patients' Personal Affairs Medicaid outreach program continues to maximize Medicaid revenue for inpatient children's services and has expanded to assist with adult services as needed. Work continues toward more automation of activities to improve timeliness, where possible, in establishing patients' eligibility for benefits.

The community mental health center "entitlement specialist" program continues to increase the number of Medicaid-eligible clients served and to increase the amount of Medicaid reimbursement received by the Department. Direct computer linkages to the DMH and DSS mainframes have allowed community mental health centers to more quickly identify Medicaid-eligible or potential eligible persons and to quickly obtain accurate information about clients. Technical assistance, i.e., training on eligibility criteria for Medicaid, Social Security, Supplemental Security Income, etc., as well as individual case consultation, continues to be provided to the inpatient facilities constantly by Patients' Resources staff. Patients' Resources staff also provides this same technical assistance to the community mental health centers and inpatient facilities in order to secure maximum benefits for patients who are to be placed in the community.

The Reimbursement Section's major objective is to maximize collections from all third-party payers for inpatient care.

Major goals for FY 93-94 included improvements in automation of the reimbursement processes. Goals for FY 94-95 include automation of additional reimbursement.

The Cost Development Section, during FY 93-94, successfully prepared and filed electronically 20 federally mandated home office and inpatient hospital cost reports. Eight of these were Medicare and 12 were Medicaid. All were submitted before their respective deadlines. This was accomplished through an effort to increase automation, enhance communications and improve the cooperation and documentation received from its many "data suppliers."

During FY 94-95, Cost Development plans to incorporate the new federal cost reporting regulations for nursing homes (NCFS 2540-92) into its cost reporting system. It also will endeavor to maintain the timeliness, increase the accuracy and improve the efficiency of its accounting procedures.

The Budget Control Section has completed its consultation at regional community mental health center meetings to each of the community mental health center regions. They were well received in every region; there is a definite increase in the amount of interaction among the administrators in each region. During FY 94-95, individual consultation will be provided for new administrators-- those who have been employed in the past year.

Training schools have been conducted for the centers and facilities on the new procurement laws and purchasing authority has been increased. The Department also exceeded its MBE goal for the year. The Contract Section continues to work closely with clinical staff in implementing programs for children, the elderly, the homeless mentally ill, and deaf clients of the Department.

In addition, high priority is being given new TLC initiatives as they are developed.

The expansion of the Department's E-Mail network has allowed the Contracts Section to receive and transmit documents electronically, thus reducing the time required for processing.

The Policies and Procedures Section, newly created in November 1993, has begun the development of a DoFS Policies and Procedures Manual to communicate to all organizational units the policies and procedures relating to the DMH financial matters. The new manual will incorporate the requirements of applicable governmental agencies as well as DMH directives pertaining to agency financial activities. The primary objective of the manual is to achieve uniformity and efficiency through consistent interpretation and application of financial policies.

Division of Human Resource Services

Goals accomplished in FY 93-94:

- * an unclassified pay plan for psychiatrists has been implemented;
- * the early retirement incentive plan was adopted by the department; 240 employees elected this option and retired;
- * a directive has been developed implementing variable work hours within the department;
- * occupational health services was established to provide clinical case management for injured employees; employees made over 3,500 trips to occupational health services during FY 93-94;
- * a new nursing classification system was implemented throughout the department;
- * the South Carolina Public-Academic Mental Health Consortium began a process for identifying the work force needs of the department and sponsored Research Connection 1994 with a focus on children's research; over 70 staff, students and faculty attended;
- * the employee assistance program assisted over 500 employees.

Major goals for FY 94-95 are to:

- * establish a computerized reconciliation of all insurance accounts in order to balance all accounts; and
- * develop a computerized first report of injury in order to analyze work-related injuries.

Division of Information Resource Management

In FY 93-94, the major focus of the Division of Information Resource Management (IRM) was on the introduction of new information technology at community mental health centers and inpatient facilities.

The first step in providing this technology is the installation of an agency wide communications network and the adoption of microcomputer technology throughout the Department. During the past year significant progress was made towards these two objectives.

The DMH wide area network was expanded to include all but two community mental health centers and one facility. Approximately 650 microcomputers are now networked, enabling staff to effectively utilize E-mail and access a variety of software applications. IRM provided the technical support to design and install the many components in this complex communications network.

The effort to develop an improved agency client information system also progressed during the past year. Two community mental health centers were selected as pilot sites for the new software system. Successful testing of that system was conducted, and bills were submitted for payment to third-party payers. The new system greatly improved access to client information and features capabilities such as electronic billing, automated reconciliation, scheduling, and the establishment of a master patient index. This latter item is especially important as it will provide DMH with the ability to accurately track service delivery to clients across the entire care delivery system.

IRM continued its effort to upgrade computer hardware. The IBM mainframe was upgraded to provide additional processing power and both on-line and off-line data storage capability for an expanding user population. In addition, progress continued on our strategic initiative to move to open systems technology. Specifically, a new relational

database was installed on the Department's new Unix database server, and state-of-the-art hardware and software were installed to properly integrate this equipment into the DMH wide area network.

Office of Communications

The mission of the office of communications is to provide comprehensive, useful information about mental illnesses and the Department of Mental Health to consumers, DMH staff, advocates and the general public. The office of communications will provide public relations consultation and support to all DMH components.

The office of communications achieved its FY 93-94 goals. A summary follows:

Goal I -- Identify ways to improve internal communications using focus groups and a formal communications survey.

- * The communications office hired a firm to conduct five focus groups around communications issues. Information gathered from the focus groups was used in developing questions for the formal communications survey.

- * The communications office entered into a contract with the University of South Carolina School of Journalism and Mass Communications to conduct a survey of DMH employees. The survey was sent to 2,100 employees in June 1994. Results will be tallied and a report made by late September 1994.

Goal II -- Act on as many recommendations from the survey and focus groups as possible to improve internal communications.

- * Once survey results are known in September 1994, the office of communications will review the results and recommendations to see what can be implemented.

Goal III -- Conduct a Mental Illness Awareness Month educational campaign aimed at state high school students.

- * With assistance from the consultation, education and prevention coordinators from the department's community mental health centers and Bryan Hospital, the office of communications sent an information and reference packet to 175 high school libraries around the state. Each packet contained printed materials and a computer disk, which included: 1) a 300-year History of Mental Health Services in South Carolina; 2) Important Dates in South Carolina's Mental Health History; 3) *A Glossary of Mental Health Terms*; 4) *Get the Facts* cards with information on adolescent development; attention deficit disorder; depression, eating disorders; panic disorder; schizophrenia; stress; and teen suicide.

Goal IV -- Continue to publish *IMAGES*, *Get the Facts* cards, *DMH Fact Sheet*, *Annual Report*, etc. and resume publishing *FOCUS*, the department's external newsletter.

- * The office of communications resumed publication of *FOCUS*. It also continued publishing *Get the Facts* cards, *DMH Fact Sheet*, *Annual Report* and *Director's Update*. *IMAGES* was redesigned as a newspaper tabloid. This saved the agency several thousand dollars for the year. A new publication was developed -- *Employees Update*. It is a one-page newsletter that comes out every other month and carries news of interest to employees.

Goal V -- Publish a special Transition to Local Care annual report about the transition movement's progress.

- * A 12-page *Transition to Local Care Update* was published in May 1994. It included statistical information and human interest stories about clients.

Goal VI -- Produce a video about the transition process.

- * A 10-minute educational video was made about the transition process. It was produced under a contract with a private video production company. Copies of the video were sent to each DMH hospital and facility.

Goal VI -- In conjunction with S.C. State Museum staff, develop and open an exhibit about the history of mental health treatment in South Carolina.

- * The exhibit, "Changing Minds, Opening Doors: A South Carolina Perspective on Mental Health Care," opened May 18, 1994, at the South Carolina State Museum. It will run until May 28, 1995. The exhibit examines South Carolina's treatment of people with mental

illnesses from the opening of the S.C. Lunatic Asylum (now S.C. State Hospital) in the 1820s to today's community-based care.

- * Over 350 departmental staff, advocacy representatives, legislators and other dignitaries celebrated the opening of the exhibit at a reception the evening of May 18. Internationally renowned author Pat Conroy was the evening's guest speaker. The office of communications coordinated this reception.

- * The Office of Communications, with assistance from the S.C. State Museum, published a gallery guide to accompany the exhibit. The office of communications distributed a copy of this gallery guide to every school library in the state to use as reference material.

Goal VII -- Provide consultation and services to DMH centers and facilities as requested.

- * The office of communications provided many telephone consultations to center and facility staff. The office of communications also assisted centers and facilities by providing news releases, brochures and coordinating ground-breaking and opening ceremonies.

Goal VIII-- Continue expansion of volunteer involvement.

- * The number of mental health centers with full-time volunteer coordinators increased from 3 to 6.

- * Volunteer activity and community resource development resulted in an increase of 849 volunteers and \$486,311.10 in donations.

- * Approximately 8,096 volunteers, including 625 consumers, provided 163,768.25 hours of service. The monetary value of statewide volunteer involvement for FY 1993-94 was \$2,260,624.88.

Communications goals for FY 94-95 are to:

- * improve internal communications by keeping employees informed on important issues and seeking ways to establish two-way communications;

- * implement recommendations that come out of the communications survey conducted by the University of South Carolina School of Journalism and Mass Communications;

- * continue to publish IMAGES, *Get the Facts* cards, *Director's Update*, *Employee Update*, *DMH Fact Sheet*, *Annual Report* and FOCUS;

- * manage May conference on Transition;

- * strengthen the department's cultural competency by designing policies and procedures to include appropriate marketing strategies for groups of color served by the agency;

- * provide consultation and services to DMH centers, facilities and divisions as requested;

- * assist with public relations support for the Mental Illness Awareness Walk;

- * coordinate prevention mini-grants and continue to promote prevention programs and activities in conjunction with the consultation, education and prevention coordinators;

- * increase the number of full-time community mental health center volunteer coordinators to seven;

- * establish community connection type programs in two community mental health centers;

- * establish volunteer program advisory committees in all facilities; and

- * increase the number of consumers who volunteer by 10 percent.

Office of General Counsel

As DMH moves toward local care, the Office of General Counsel has provided the legal support for that initiative, including handling the purchase of property for DMH to utilize as local mental health center facilities, advising on a variety of issues that have arisen in the TLC programs, and working with the Division of Clinical Services on community mental health center standards and the Continuity of Care manual.

The Office of General Counsel has also been assisting the Division of Financial Services to develop a policy and procedures manual for all DMH components, with particular emphasis on the needs of mental health centers in this area.

The Office of General Counsel has worked collaboratively with other state agencies on legal issues, such as the development of a specialized treatment program at the Department of Juvenile Justice for children in need of mental health treatment, and interagency agreements with the Department of Probation, Parole and Pardon and the Department of Disabilities and Special Needs.

The attorneys in the Office of General Counsel presented numerous programs on legal issues to DMH employees at mental health centers, inpatient facilities and the Department's staff development program, as well as to individuals outside of the Department, such as family court and probate court judges, law enforcement personnel, USC School of Medicine residents, and general hospital records' staff.

Office of Internal Audit

A primary objective of the office of internal audit is to increase resources available to the agency in support of the agency's mission.

An "audit of the business" approach seeks opportunities to increase revenues, decrease expenses and maximize efficiencies within the organization. The continuous monitoring of agency activities helps ensure compliance with established policies and procedures.

Audit activities include hospital facilities, community mental health centers, contracts, drug fine collections, data processing reviews, compliance audits and special projects. A formal risk assessment program provides improved audit selection techniques.

Goals for the coming year include a continuing shift of emphasis to the more significant opportunities for audit and increasing the effectiveness of OIA work.

Office of Public Safety

The Office of Public Safety has undergone many changes over the past fiscal year.

A new director was named Aug. 17, 1993.

A training coordinator was appointed in November 1993 to help fulfill training goals, most of which have been met. Law enforcement training, supervisory training and improved training for the officers in dealing with the mentally ill are continually being implemented.

Each officer receives a minimum of 30 hours combined training. All public safety officers are required to be trained yearly in prevention and management of aggressive behavior (PMAB); whereas, DMH directives require training only every two years. In addition to PMAB training, the officers are reminded during quarterly meetings of their responsibilities when called to the wards to assist in dealing with the patients. We believe these efforts will reduce the amount of patient and employee injuries in the future.

During next fiscal year, the office of public safety will continue to upgrade all aspects of training through DMH staff development and training and the S.C. Criminal Justice Academy as well as other sources.

The office of public safety will continue to provide quality professional law enforcement and fire and safety services to DMH patients and employees.

During the past fiscal year public safety staff responded to approximately 11,157 calls for assistance throughout DMH. The investigation division investigated approximately 438 cases involving allegations of criminal and/or policy violations throughout DMH resulting in numerous arrest, terminations and other disciplinary actions.

Goals for the upcoming year include developing an effective Crime Prevention Program to assist in the growing problem of theft of patient, employee and department property.

Another goal is to building a better working relationship between public safety and other departmental components.

Office of Quality Improvement/Advocacy

The Office of Quality Improvement/Advocacy was implemented during this year. The office was created by the removal of the clinical monitoring function and its placement in the Clinical Service Division. With this change, the office concentrates on outcomes and advocacy requests and, with this background, works to improve the quality of patient services throughout the department's clinical units.

During this year the principle activities of the office included updating governing body leadership activities to respond to the rapidly changing national accreditation body requirements. Also the office has developed for publication experience with violent behavior and has coordinated efforts to implement an action plan to improve response to this complex issue. Finally, work toward a redeveloped treatment planning process and documentation for the Mental Health Center System is underway. This is the first major revision to the document in the past four years.

The advocacy function of the office has concentrated on developing the representative payee function in the outpatient system, a redefining advocacy in the system--especially the center system, and linking with the newly formed Consumer Affairs Office.

DIVISION OF CLINICAL SERVICES

Special Division for Alcohol and Drug Abuse Services

The Department of Mental Health and the South Carolina Commission on Alcohol and Drug Abuse designed a model array of services for people who are chemically dependent, as well as services that would meet the special needs of children and adolescents and people who have a dual diagnosis of a major mental illness and addiction.

Resource requirements to implement the model were drafted, with a plan to refine these with local mental health and alcohol and drug abuse commission staff. However, in the fall of 1993, the Department of Alcohol and Other Drug Abuse Services (DAODAS) indicated the model needed management review and approval again before the two agencies could proceed further with ascertaining resource requirements.

The DAODAS staff indicated they would contact DMH to resume the process for determining resource requirements in January 1994, but have not done so.

The two agencies piloted a dual-diagnosis training curriculum in three regions in the state in 1993 and completed the piloting in April 1994 in the Midlands Region, with DAODAS as the lead agency coordinating the effort.

The curriculum, which focuses on treating people with a mental illness and a co-existing substance abuse disorder, has subsequently been revised by DMH and given to the office of continuing education and staff development for delivery to mental health staff throughout the state.

It is a goal to provide this training twice in each of the four regions of the state by the end of FY 95. This effort is in recognition of the high prevalence of use, abuse and addiction among people who have a major mental illness.

The training will help familiarize mental health staff in the assessment and treatment of consumers who have this dual disorder and help to strengthen services to this most challenging group of people.

Alcohol and drug abuse services have received concentrated attention in the site reviews of community mental health centers this year. Assessment of the local working relationship between the mental health centers and local substance abuse commissions and developing active treatment in programs that serve people with psychiatric disabilities have been the focal points.

As a result of these reviews, community mental health centers have been encouraged to try to engage local commissions in providing more assertive outreach and treatment for substance abuse clients with frequent emergency commitments.

Also, centers are beginning to develop education and active treatment services in clubhouse and psychosocial rehabilitation programs for psychiatrically disabled individuals who are alcohol or other drug involved.

Substance abuse is emerging as a significant issue with "high users" of inpatient care and contributed to frequent relapses and re-hospitalizations. Substance abuse has become an important focus in providing assertive community treatment for these individuals.

The coming year will focus on interagency issues between the DMH and DAODAS. The dual system of services for substance abusers is not providing a consistent, coordinated or integrated level of care.

The DMH will be working with the Budget and Control Board in its goal to study the problems. The DMH believes that merging DAODAS into the DMH and contracting with local commissions to provide services to high-risk groups is the most effective way to assure an appropriate level of service to seriously and chronically addicted people.

Emergency Preparedness Planning and Response:

DMH is currently revising and updating its plan for providing crisis counseling services to survivors of disasters.

The need to educate and develop specific plans for consumers of mental health services has been emphasized. Also, the plan outlines more clearly the need to provide debriefing for first and second responders and its own staff, in addition to providing crisis counseling services to the general public.

A final addition will be forms to collect data about services delivered and people served in the immediate response phase. This data will support obtaining federal funds if a major disaster occurs.

Special Division for Children, Adolescents and Their Families

The vision of the Division of Children, Adolescents and Their Families remains to develop a state-wide system of mental health services to address the various needs of our state's young people and their families. This vision is built upon the premise that a broad array of services

must be made available which are family-focused, community-based and culturally competent.

Once this system has been developed, every effort must be made to infuse the various elements of that system into all existing and future child serving systems. Stated another way, if children and their families are unwilling to come to us then we must find strategic ways to take our services to the young people and families of South Carolina who would benefit from our care.

During FY 93-94, the Department maintained mental health services for children, adolescents and their families as its number one priority. This perhaps is most clearly illustrated by the Department holding children services harmless while absorbing yet another base budget cut.

The following were major accomplishments during FY 93-94:

- * Three federal grants were operational during this fiscal year. The first, the Substance Abuse and Mental Health Services Administration (SAMHSA) Research Grant targets the replication of family preservation services in rural areas. The collection of data was winding down during this year with its official termination occurring August 1994.

Preliminary data analysis indicates that the grant has been successful with several publications having been generated from the preliminary data. This grant has gone along way toward substantiating the value of the relationship between those mental health authorities and institutions of higher education.

The second grant, the state level CASSP grant resulted in the development of a child mental health curriculum. Through this curriculum 34 child mental health professionals have been trained from across the state's community mental health centers.

The initial feedback from trainees has been very positive, indicating that both the content and the format have been found to be very beneficial. This grant has one year remaining, but plans are already underway as to how we can institutionalize this valuable training within DMH. The second portion of the state CASSP grant was the awarding of a contract to the South Carolina Alliance for the Mentally Ill for the development of a network of family support groups. During FY 93-94, eight groups and/or area leaders were

identified and several conferences were conducted for parents. With one year remaining on this grant, the goal is to establish 20 support groups and/or identified area leaders to maintain this activity after the life of the grant.

The third grant is new this year. South Carolina was one of only four states initially awarded a Federal Child Mental Health Services Grant. This five-year grant has a total budget of \$5 million. The location targeted within South Carolina was Charleston County. Funds from this grant are being used to develop specific community-based services and to make those services available to children, adolescents and their families who are in need.

This grant is affording South Carolina the opportunity to truly implement the CASSP principles and program strategies as no other funding source has allowed us to do so. The breadth of services includes the co-location of child service providers, the development of store front operations, the development of youth violence services, family preservation services, crisis services and school-based services.

One of the outcomes to be reviewed is the reduction if not elimination of children from Charleston County being placed outside of that county for services. This has proven to be a major interagency activity and South Carolina should be very proud to have been one of only four states initially funded.

* DMH hosted the Eighth Annual Children, Adolescents and Their Families Spring Conference. Over 300 child mental health professionals from across the state and from all child serving agencies attended. This year's theme was "Tears in the Fabric: The Impact of Violence on Children, Adolescents and Their Families." This was a follow-up to last year's conference, which also began addressing the issue of youth violence, but this year we highlighted activities and professionals who were active within the state of South Carolina particularly looking at local community-based intervention strategies.

* The development of school-based services remains a priority for DMH. A budget request totaling \$800,000 was submitted for the development of 14 school-based sites across the state (one high school, one elementary school, 12 middle schools).

The intent of this initiative was three-fold: 1) the provision of direct services to children within schools in need of mental health services; 2) the development of child mental health professionals, who upon completion of their training would work for DMH and; 3) an evaluation component measuring the quality of the outcome and the success of the strategies selected.

Though the school-based initiative was passed by the General Assembly, it was vetoed by the Governor. Nonetheless, this year saw an increase in the numbers of schools with some school-based activity as well as an increase in the number of counties. Specifically, 23 counties have at least some school-based activity with over 60 schools having at least a part-time school-based child mental health professional available to them.

* The development of family preservation services has proven to be one of the most effective intervention strategies offered through DMH. Even though available resources were limited, DMH was able to expand by two the number of family preservation projects during this period bringing the total number of projects to 18.

* Last year witnessed the initiation of the Child Mental Health/Child Welfare Initiative. The intent of this initiative was to outstation child mental health professionals within the Department of Social Services (DSS) offices assisting specifically with children in foster care and those who have been abused or neglected. Recruitment efforts have continued during this period and more than half of the available positions have now been filled.

* A major thrust during this year has been the building of bridges with all of the state's other child serving systems. Most notably, a considerable effort has been devoted to enhancing the working relationship with DSS, the Department of Juvenile Justice (DJJ), the Continuum of Care (CoC) and the Health and Human Services Finance Commission (HHSFC).

In addition to numerous multiagency meetings, cross systems training was also conducted. To this end, consultants such Dr. Gary Melton, Chris Zeigler Dendy, and Cathy Roberts Friedman were utilized.

Consistent with the emphasis upon cross systems collaboration, the heads of these agencies met regularly during the preceding year and laid an instrumental role in the development of new initiative.

A federal lawsuit was initiated against DJJ as a result of overcrowding within their institutions. It was acknowledged that there was a subgroup of young people within DJJ who were experiencing significant emotional and psychiatric difficulties and were the shared responsibility of DMH and DJJ. To that end, DMH outstationed four and a half child mental health professionals, and, in concert with DJJ, created an outpatient clinic within their Broad River Road facility.

* DMH remained a National Association of State Mental Health Program Directors (NASMHPD) fellowship training site. This proved to be very beneficial to the division, because we were able to secure the services of Dr. Sue Pickrel, a child psychiatrist from the Medical University of South Carolina.

As a NASMHPD Fellow, Dr. Pickrel has assisted DMH with developing its BabyNet program to address the needs of children between the ages of zero to three and their families under the auspices of the Department of Health and Environmental Control (DHEC). Dr. Pickrel's area of specialization is infants, toddlers and preschoolers and she proved instrumental in helping DMH to formulate a BabyNet strategy, beginning the development of a training curriculum that she will implement and beginning the development of a research project that will enable DMH to more actively participate in and contribute to the state's BabyNet efforts.

* A major barrier which continues to impede the Department's ability to meet the needs of our state's children, adolescents and their families remains the scarcity of trained child mental health professionals within our state. We continue to have to recruit out-of-state with positions often going vacant for extended periods of time.

Four mechanisms have been employed to begin addressing this issue: 1) the public academic consortium; 2) task force on children's human resource development issues; 3) a committee of CAF council and; 4) the state's CAF planning committee. It is hoped that, as a result of these four activities, this issue will begin being addressed during FY 94-95.

Goals for FY 94-95 are to:

* continue to increase the number of child mental health professionals employed and retain within our system;

* in concert with DJJ, develop and fund community-based mental health services for juvenile offenders; and

* continue to expand both our family preservation and school-based initiatives; though it is important to decrease the numbers of children being sent out-of-state for services, it is at least equally important that we reduce the numbers of children being placed out of the home for services.

Special Division for Elderly/Long Term Care

DMH was successful in supporting the passage of legislation relating to the Alzheimer's Disease and Related Disorders Resource Coordination Center.

This center, which was proposed by the Alzheimer's Blue Ribbon Task Force appointed by the Joint Legislative Committee on Aging in 1993, will coordinate statewide Alzheimer activities, provide needed leadership and technical assistance to public and private agencies. Created under the Office of the Governor, Division on Aging, the center will provide service system development, statewide coordination, information and referral, and caregiver support services.

DMH has successfully participated with the Human Services Coordinating Council and a number of other state agencies to produce the S.C. Primary Prevention Plan for FY 94-95. This plan seeks to prevent the onset of disease, disability or high risk behaviors through the enhancement of individual and community protective factors and the reduction of risk factors.

As such, it seeks to avoid unnecessary duplication, promote a broad concept of prevention, increase cost effectiveness of combined services, catalogs all prevention efforts and identifies gaps in service.

DMH sponsored two geriatric specialists basic courses and one geriatric specialist advance course during this period. One of the basic geriatric specialists courses was

presented at the summer School of Gerontology July 24-29, 1993, at Winthrop University in Rock Hill.

Training grants to cover the cost of materials and registration were presented to each of the 17 mental health centers in order to support the training of additional people in geriatric specialty.

This course was conducted by four mental health professionals and two physician/psychiatrists and was certified as a 30-hour certificate program for social workers and licensed professional counselors.

These efforts continue to strengthen the local community availability and delivery of professional geriatric services.

In order to directly support community mental health professionals, a new caregiver group services standard was developed and implemented within the mental health center system.

Research and development are occurring regarding a respite care as well as discussions regarding a consultation, education and prevention standard.

The division was instrumental in developing and implementing three additional Alzheimer Day Care replications at \$30,000 each.

The selected programs are in Cayce, Anderson and Sumter. These awards bring the replication number to a total of six over the past three years.

In addition to providing direct service to Alzheimer and other dementia victims, the sites will raise sensitivity, provide a focal point for local Alzheimer related activities and provide new initiatives in the treatment of Alzheimer's and care related to caregivers.

As a result of the 1993 mental health center survey of geriatric specialists and their service needs, delivery system information was brought to the attention of DMH planners, referenced within the State Plan and used to further develop intensive training in geriatric specialty for interested professionals.

There was also involvement in the development and implementation of total quality management throughout DMH. Two programs--TQM 101 and 201-- have been presented to staff in the Administration Building, selected facilities and mental health centers. The thrusts of these two courses range from a basic orientation to total quality management to preliminary information regarding the development of teams and work tools.

Goals for FY 94-95:

- * State-wide conference/teleconference on Alzheimer's Research--on Friday, Aug. 24, 1994, DMH along with the MUSC and USC Medical Schools, four local Alzheimer chapters and Project COPE will sponsor an update on Alzheimer's research and care conference. The morning sessions will include topics such as basics on Alzheimer's, physical and chemical restraints, management with Alzheimer's patients, environmental issues, depression and dementia. The afternoon statewide teleconference will feature a keynote address by Allen D. Roses, M.D., from Duke University. Between 250 and 300 people are expected to attend the primary conference site at the Sheraton Hotel in Columbia.

- * McKinney House, a residential care community facility for deaf persons will open in July 1994 for 11 individuals. This residential treatment facility offers a critical linkage between inpatient treatment and full transitional living within the community. Dr. Barry Critchfield deserves a great deal of credit for the development and implementation of this program.

- * DMH and the Department of Disabilities and Special Needs will sign a memorandum of agreement in July 1994.

DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

Aiken-Barnwell Mental Health Center (Aiken and Barnwell counties)

Aiken-Barnwell Mental Health Center had mixed results on the goal it set for itself in FY 93-94:

* It did develop more effective outreach services for the psychiatrically disabled, as staff were formed into outreach teams to focus more on visiting clients in their homes and to develop greater continuity in service provision. In addition, a staff member was stationed in the North Augusta area to provide outreach services there.

* Establishment of an effective short-term stabilization program has progressed at a much slower pace than anticipated, but now is expected to open in late September 1994. It will be more medically-oriented as it serves those in psychiatric crises as well as those transitioning back into the community following lengthy inpatient care.

* The quantity and quality of inservice programming significantly increased; with more clinical discussion of cases as well as outside experts presenting relevant workshops.

* Center staff are currently working with the architect chosen to design and manage the construction of a new central facility for the Aiken area. The project should be completed in FY 95-96.

* The center ended the year in a deficit situation. An analysis of the causes and development of corrective strategies is currently underway.

The center increased its staff in FY 93-94 from 80 to 85 (an increase of 6 percent). Most of the expansion of center services occurred primarily in Children's Services, as a Family Preservation service was implemented (three staff) as well as part-time school-based counseling services (one staff). The other new position was the nurse coordinator for the soon-to-open short-term stabilization unit, Bridging Valleys.

The philosophy of treatment/rehabilitative services to our psychiatrically disabled clients, especially to those in our community care home programs, underwent a substantial change from providing staff-determined rehabilitative activities to one of client-defined activities and goals. This treatment philosophy, called reality therapy, has led to greater choice and participation in activities and has been well-received by both clients and staff. It is also being incorporated as well into the center's other programs for the psychiatrically disabled population.

There was an average of 188 clients admitted or readmitted per month to center services (an increase of 19 percent over FY 92-93; an average of 1,041 clients treated monthly (an increase of 18 percent over FY 92-93); and a total of 58,634 client contacts for the year (an increase of 29 percent over the previous year).

This increase in service delivery reflects the success of the center's planned efforts during FY 93-94 to increase staff productivity. However, this increased clinical activity has put increased stress on staff in coping with this caseload, but also has caused all center facilities to grow beyond the pace capacity of their buildings.

The state psychiatric hospital admissions for the center increased from 128.8 per 100,000 population in June 1993, to 144.2 in May 1994. Psychiatric readmissions decreased slightly from 49.5 percent in FY 92-93 to 49.2 percent in FY 93-94.

A new staff member has undertaken coordination of inservice training. She has energetically promoted planned staff discussions around key topics as well as brought in outside experts for day-long workshops. This latter effort enables many staff to have an easier and less costly means of earning continuing education credits for maintaining clinical licenses.

The center hired a consumer affairs coordinator this past year. As a consumer of center services, she brings to staff an insight and sensitivity as to client reaction to the center's treatment programs, a perception that previously had been unavailable to staff. In addition, it has been helpful for other center clients to use her role as staff member to support and advocate for changes that they would like to make. Center management has made a very conscious effort to be as responsive to this input as possible.

Center goals for FY 94-95 are to:

- * complete design and begin construction of the new centralized facility for the Aiken area;
- * obtain a larger facility for the North Augusta satellite office;
- * recruit a Child and Adolescent Services psychiatrist to serve the increasing service outreach to the Department of Social Services and the school system;
- * decrease state hospital admissions to 170 and readmissions to 91 for FY 94-95;
- * put into operation the center's short-term stabilization unit; and

- * develop a distinct and effective treatment program for dually-diagnosed clients.

Anderson-Oconee-Pickens Mental Health Center (Anderson, Oconee and Pickens counties)

Accessibility to services continues to receive a high priority at the Anderson-Oconee-Pickens Mental Health Center.

More than 4,800 persons have been admitted to the center for services this fiscal year. While the number of center staff has risen to 120, some case loads remain high. In order to deal with pressing needs, assessment and screening has re-organized into a team effort which does triage, crisis intervention and referral for brief therapy or long-term treatment.

While the center has decreased admissions to state hospitals by some 7.2 percent as compared to last year, referrals to inpatient care continues to receive scrutiny. Some of the major accomplishments listed below will reflect efforts to make available alternatives to hospitalization.

Major goals accomplished during FY 93-94:

- * a stabilization program was started to serve people in crisis; people coming to Boulevard House receive up to three nights care plus assessment and daily activities;
- * face-to-face after-hour emergency screening was expanded to Oconee and Pickens counties;
- * evening services were extended to both Oconee and Pickens clinics where each Tuesday the doors are open until 7 p.m. and 8 p.m. respectively;
- * the Pickens Clinic was expanded and now has a building of 7,600 square feet; a consumer advocate and a coordinator of volunteer services and a new psychiatric medical chief were employed;
- * the children's day program was expanded to 22, and the summer camping program to 22;
- * the Daybreak Psychosocial Clubhouse relocated to new facilities;
- * a committee on revenue enhancement was organized and several recommendations put in place to increase fee collection and reduce overhead;
- * a full-time staff person was placed at the Dacusville School to provide on-site mental health services; and
- * a procedure for buying indigent medication at Harris Psychiatric Hospital was put in place.

Goals for FY 94-95 are to:

- * with Anderson County Mental Health Association sponsorship and DMH assistance, build a 12-unit apartment complex costing approximately \$625,000;
- * with local Housing Authority, make transitional housing available to mentally ill persons seeking permanent housing accommodations;
- * in the event the center's TLC grant is funded, implement same, successfully moving 10 chronically mentally ill people from inpatient to community housing;
- * have constructed and occupy a building for child and adolescent services in Anderson County;
- * continue seeking funding for a wilderness program for seriously mentally ill adolescents;
- * install a new telephone system at the Anderson Center;
- * install the contracted MIS system at Anderson-Oconee-Pickens Mental Health Center and have all facets operational;
- * add at least one additional staff person to both Oconee and Pickens clinics;
- * add an entitlement specialist to Oconee and Pickens counties; and
- * increase the number of school-based programs from 21 to 30.

Beckman Community Mental Health Center (Greenwood, McCormick, Saluda, Edgefield, Laurens, Abbeville and Newberry counties)

The Beckman Center for Mental Health Services continues a creative and aggressive approach to meeting the mental health needs of South Carolina's largest geographic catchment area.

FY 93-94 was a year of programmatic growth and transition. Following issuance of the CMHC Program Standards and the experience of a biennial site review August 19 and 20, 1993, Beckman CMHC has put forth every effort to appropriately focus resources.

Major reorganization efforts have created more emphasis on regional program management and supervision. To accommodate the resulting staff restructuring, additional space within the central administrative offices was secured in November 1993 in an attempt to bring those with regional responsibilities together, apart from any specific service delivery site.

We share with pride our progress, especially in meeting the needs of the seriously and persistently mentally ill.

During FY 93-94, Beckman Center served 4,979 consumers with a total of 122,930 contacts. The single largest source of hours was restorative independent living skills with 55,450 contacts. Individual therapy accounted for 8,023 contacts; MHP assessment for 4,517 contacts; crisis management for 1,834 contacts; and targeted case management-adult for 8,855 contacts. Psychiatric Medical Assessment created 22,427 contacts. Other medication-related services accounted for 6,049 contacts. The remaining hours were distributed throughout an array of service modes.

Despite the routine fiscal limitations and demographic obstacles, Beckman Center was able to meet major goals established between July 1, 1993, and June 30, 1994.

As Beckman Center continues its priority of providing services in the least restrictive environment possible, expanded efforts targeted psychosocial rehabilitation concepts. Recognizing the growth of this area and the need for better coordination among all seven county programs, staff duties were reassigned to create the position of psychosocial rehabilitation program manager in November 1993 to oversee case-management, clubhouses, employment services, and boarding home/housing placement. This individual also received the PSR training for trainers and has become an enthusiastic member of the statewide training network.

With one exception, all of our clubhouse staff have received the week-long exposure to the PSR model.

Beckman CMHC achieved its goal of hiring 10 intensive case managers during September and October 1993, following two months of extensive program research and development. In November, an introduction to ICM services was presented by Michael Newman of the Anderson-Oconee-Pickens MHC. Also, all 10 new employees received the case-management curriculum offered through DMH. Through trial and effort the need has been pared down to seven staff remaining to fill this vital function. Routine monthly ICM meetings have been instituted center wide.

In October 1993, Beckman's first employment specialist was hired to develop this area. During the remainder of the fiscal year, he presented job readiness classes for the Greenwood and Newberry clubhouse program participants screened as appropriate, and had by June 30 certified 16 clients as "job ready."

Also by this date 10 clients had been placed in transitional employment with 90 percent retained in the job setting. There is both consumer employment by this agency and by outside employers. This was accomplished with the employment specialist also serving as job coach. We have been able to establish regular attendance to the DMH job coaches meetings, and our employment specialist has been designated as a statewide trainer for the job coaches curriculum.

A second entitlement specialist was hired in October 1993. With this expanded manpower, the catchment area was divided into two territories with one employment specialist serving Laurens and Newberry, and the other Greenwood, Abbeville, Edgefield, Saluda and McCormick offices.

Clubhouse expansion has been significant within the Beckman system. In September 1993, Edgefield RILS moved into their newly built facilities with a client capacity of 24. In January 1994, the Laurens RILS moved into their custom designed building with a 48-member capacity. Finally in April 1994, the newly created Saluda RILS opened its program in its just completed facility with a 24-member capacity. The Saluda Clubhouse marked the sixth county to offer RILS to its consumers.

Beckman Center's former psychiatric chief retired in September 1993 and was replaced by the aggressive medical leadership of our present psychiatric chief. She has

been instrumental in developing sample and donated medication resources in an effort to relieve some of the pressure on our indigent medication fund. She has also lead the establishment of blood draw capabilities within our clinics in order to offer consumers a choice for their required lab procedures. She has become a valuable resource to all operations as clinical issues surface, particularly involving difficult hospital admissions.

In January 1994, Beckman Center added its second, full-time physician. Dually certified, he provides both adult and child services from his office in the Greenwood Satellite Clinic. Continuity of care is now better facilitated.

The Beckman Center volunteer program received additional credibility with the employment in November 1993 of a full-time volunteer services coordinator. In February 1994, center-wide volunteer training was held. Each of our counties participated in the "We Can Do That !" workshop sponsored through DMH, with both staff and volunteers attending together. This was the first joint event of its kind and was considered a real success. The volume of donated goods and services has significantly increased due to the intensified efforts.

Another position was created and filled in May 1994. A consumer affairs coordinator now works 10 hours per week with the goal of additional time as needs and resources allow. This person provides linkage with the newly created DMH Office of Consumer Affairs and its statewide committee. Working conjointly with our volunteer coordinator, Beckman has seen an increased interest in the development of advocacy and self-help groups. Foundations are now in place for SHARE groups in six of our counties.

Services to emotionally disturbed children, adolescents and their families continues to be of high priority. During this fiscal year, partnership with DSS created co-located positions for mental health professionals within DSS offices. Between July and December 1993, Beckman Center sought to fill as many of these openings as possible. Four counties hired such workers. After January 1994, problems surfacing with this concept, plus the difficulty recruiting for such positions, put expansion on hold. By the end of this fiscal year, two DSS workers remain, one in Abbeville and one in Laurens. Emphasis for the future appears to have moved to the co-located school based concept. In March 1994, Beckman's School District 51 became our first to house and co-fund a school based MHP. The Greenwood Clinic followed last year's example in Laurens and separated its child and adolescent services to a free standing unit. This offers more individual identity and a more wholesome environment in which to serve our youth.

As we begin FY 94-95, Beckman continues to couple its goal of maintenance with program reorganization and expansion to meet the ever growing demands for mental health service within this region. The close of FY 93-94 saw the retirement of both Beckman's executive director and assistant director. This means FY 94-95 will see completely new management leadership. New visions and methodologies are expected with this change.

A major priority requiring relentless attention is the reduction in the number of admissions for the Beckman catchment area to State Hospital facilities. With little expectation of new local resources in the immediate future, the reduction will require more thorough screening for necessity, potential referral outside our system and payment resource identification and development to access private hospitals. We will also be attempting to maximize utilization of existing staff to better monitor and anticipate client condition and needs.

The PSR program will continue as an important component of service delivery. Employment and housing issues gain attention. Developing more transitional employment opportunity will be important as will expanding job coaching capabilities. Long range plans call for the exploration of possible sheltered workshop experiences within our clubhouse environments.

Construction is soon to begin on Greenwood's new RILS facility, a 32-client capacity building. Completion of a similar RILS facility in Newberry is scheduled for early fall 1994.

With land secured and funding appropriated, ground will be broken during FY 94-95 for new mental health clinic construction in Laurens County. Blueprints have been prepared for this state-of-the-art clinic, which will serve our largest caseload volume by county.

As new administration meshes into the overall mental health workings of Beckman Center, revised and expanded goals may likely emerge. One thing remains clear however and that is the commitment which Beckman Center continues, to provide quality care and promote good mental health for all area citizens.

Berkeley Community Mental Health Center (Berkeley County)

In keeping with our commitment to the community and to those we serve, the center is open from 8 a.m. until 8 p.m. three days a week. The early morning and evening hours are primarily utilized by children and working adults.

Emergencies are evaluated by psychiatrists in the center, thereby reducing the number seen in local emergency rooms. Residents from the Medical University of South Carolina are recruited to provide services in the evenings.

Another benefit of the extended hours is that center staff are given the option of working a four-day work week. This has been a boost to staff morale and has been a factor in the recruitment of professional staff.

The management and staff have been involved in program evaluation and planning directed towards providing more client-focused treatment. Assessment groups allow new clients to identify their individual goals and to learn their rights and responsibilities as consumers. A mental health professional and a psychiatrist are co-leaders of these groups. Contracts are made with most clients for short-term and/or group therapy. Others are seen for individual therapy as deemed appropriate by the treatment team.

The center has employed a full-time child psychiatrist and has increased the total psychiatric coverage. Psychiatrists see all center clients to evaluate for physical illness, to diagnose and treatment mental illness and to provide consultation and supervision to other clinical staff.

A consumer affairs coordinator has been employed to serve on the center management team and to be involved in all center operations. This will prove helpful in ensuring that programs are appropriately addressing the needs of those we serve.

Child, Adolescent and Family Services have expanded to include a child welfare worker, ADHD Clinic, and a greater number and variety of groups. A day treatment program has allowed two mental health professionals to provide services for children and their families in the school setting. The center has worked cooperatively with the school system to provide additional services to the schools and to consult more frequently with teachers and guidance counselors.

The vocational program of the center has increased employment opportunities for our clients. With additional resources it is believed that the further development of this program would be of great benefit to all concerned.

As a part of our goal to enhance revenue collection, we employed an entitlement specialist to assist appropriate clients in securing benefits that they need and deserve. Because of the impact of this service, this has become a full-time position.

In an effort to strengthen the business operation, a director of administration was employed. Responsibilities include the development and supervision of the administrative functions of the center.

There have been opportunities for staff to receive training provided at the center. Supervisory training continues on a monthly basis for all employees who are responsible for supervising programs and/or staff. All center staff have been certified in CPR. The management of aggressive behavior is provided for all employees.

Relationships with other service providers and the community were enhanced by hosting a Thanksgiving coffee for individuals and groups who had worked with center staff to provide comprehensive care and treatment. Educational programs were offered to the community and to law enforcement.

We have not been successful in securing resources to increase housing opportunities for our clients. This continues to be an ongoing goal.

Efforts to increase staff productivity and to enhance revenue collections continue. This becomes even more imperative as state funds are reduced each year, while the needs of clients become more complex and more difficult to manage.

The center continues to have the second lowest DMH inpatient admission rate per 100,000 population. As of June 30, 1994, seven Berkeley County residents were hospitalized at S.C. State Hospital and one was hospitalized at Crafts-Farrow State Hospital. The bed utilization rate of the Berkeley Center is the lowest in the state.

Major goals for FY 94-95 are to:

- * increase revenue available to operate center programs;
- * continue to expand child and adolescent services through school-based services and outreach programs;
- * continue to develop volunteer program by employing a coordinator of volunteers;
- * continue efforts towards developing housing alternatives for center clients;
- * expand center vocational program;
- * develop methods to recruit and retain employees;
- * continue to develop programs to assess and treat individuals who are mentally ill and are addicted to alcohol and/or other chemicals; and
- * enhance service delivery system by continuing to develop short-term treatment and group therapy treatment.

Catawba Community Mental Health Center (York, Chester and Lancaster counties)

During FY 93-94, the Catawba Community Mental Health Center continued its efforts to expand services to adult consumers with persistent and chronic mental illness and to children, adolescents and their families in our three county area. This was particularly challenging because of financial constraints and the need to creatively work with other agencies to develop cooperative, joint efforts.

A key goal for the year was the transition of the Carolina Clubhouse to the Fountain House model for psychosocial rehabilitation services. This transition has continued.

Key staff members and consumers received three weeks of training at the New Frontier Clubhouse in Everett, Washington. The clubhouse is configured around work units and the work-ordered day. In addition, several transitional employment slots have been set up in the community. The clubhouse advisory council has expanded its membership and members have visited other clubhouse programs.

In January 1994, construction was completed for the Carolina Place project. At that time, 20 consumers moved into new single occupancy apartments. The apartments were fully furnished. For some consumers, this move represented the first time they had ever lived independently.

The center implemented plans to work more closely with advocacy and consumer groups. These plans included regular time on the agenda of board meetings for representatives of advocacy groups.

In addition, the center worked with the Rock Hill Alliance for the Mentally Ill to develop and distribute a family satisfaction survey. Also, the center supported efforts of the Rock Hill Alliance for the Mentally Ill to conduct a course entitled "The Journey of Hope" for family members. Most recently, the center has worked with the advocacy and related groups to produce a joint newsletter related to the mental health community.

During FY 93-94, school-based services were implemented in Chester County. In all three counties, extensive discussions were held concerning the importance of these services. This is still being negotiated, and it remains a high priority.

Although proposals have been submitted from all three counties for funding for building projects, the Lancaster Clinic has actually been the recipient of funding. At this point, purchase of the property is in the final processing stage and design work has proceeded. It is anticipated that construction can start shortly after property purchase is completed.

In November 1993, the center sponsored a multi-agency conference dealing with school truancy issues. Eighty representatives from agencies in all three counties were in attendance. An important outcome of this conference was the development of specific county plans for next steps in collaborative efforts in the child/adolescent service area. A second conference is now being planned for January 1995. This conference will be

dealing with adolescents who are experiencing both mental health and substance abuse problems.

Goals for FY 94-95 are to:

- * develop plans to reduce admissions to DMH acute care facilities;
- * expand school-based services for children and adolescents;
- * secure Fountain House certification for the Carolina Clubhouse;
- * in conjunction with the Catawba Mental Health Foundation, develop proposals for additional housing options for consumers;
- * explore the feasibility of starting a consumer-operated business venture;
- * implement emergency after-hours coverage in Lancaster County;
- * develop intensive case-management capacity in all three counties; and
- * secure a center volunteer coordinator.

Charleston/Dorchester Community Mental Health Center (Charleston and Dorchester counties)

The center continued to focus its resources on three priority populations--adults with serious and persistent mental illness, children with serious emotional disturbance and people with psychiatric emergencies.

Clinical services continued to be provided in an array of community sites including jails, schools, child abuse centers, homeless shelters, hospital emergency rooms, health clinics, etc.

Despite a cut in state funds, the center's budget increased almost 20 percent to \$8,587,000. The number of employees increased 25 percent to 206, and the patient caseload increased 12 percent to 3000. These increases were predicated almost exclusively on fee-for-service Medicaid income and federal grant funds.

The center was one of four in the country to receive a large five-year federal grant to enhance services to seriously disturbed children. In addition to hiring over 30 new staff, structural changes in the community system were set in place with Department of Social Services, Department of Juvenile Justice, the Continuum of Care, and other child-serving entities in order to establish truly community-based, family-focused collaborative efforts.

Services to adults with serious mental illness continued to expand with increases in public housing, day hospital services, and provision of intensive case management. A team of clinicians was established to provide services in community care homes.

The center continued multiple collaborative projects with the Medical University of South Carolina including a plan to increase local public psychiatric inpatient beds for indigent patients.

During the year the center underwent a Health and Human Services Finance Commission medical records audit, an SCDMH site survey, and an SCDMH formal audit of its fiscal operations.

Property for a new clinic in Dorchester was purchased, and the board of directors approved initial architectural plans. The board also authorized a request that SCDMH purchase selected property for a new center in North Charleston.

A new medical director and community support program director were named.

The center ended the year with a balanced budget.

Its psychiatric admission rate to SCDMH hospitals again declined approximately 10 percent, giving it the lowest rate of all the larger centers.

The center met its FY 93-94 goals of:

- * starting a day program for dually-diagnosed patients;
- * hiring a coordinator of consumer affairs;
- * completing a long-range staff development plan; and
- * expanding services to children in the McClellanville area. Because of delays in the purchase of property, the goal of starting construction of new facilities was not accomplished.

Goals for FY 94-95 are to:

- * develop a cultural competence plan;
- * fully implement the "Village" grant project for children;
- * further expand services in McClellanville;
- * lease property for day treatment programs;

- * start construction of new facilities;
- * increase adult services in Dorchester via new TLC projects, if funded; and
- * increase local inpatient beds with further reduction of SCDMH admissions.

**Coastal Empire Community Mental Health Center
(Allendale, Beaufort, Colleton, Hampton and Jasper counties)**

During FY 93-94, the center renewed its commitment to serving people with serious mental illnesses as close to home as possible with the board of directors electing to add "community" to our name. With its new name, Coastal Empire Community Mental Health Center looks to FY 94-95 as a time of considerable growth both in services and greater improved facilities. The name more fully reflects the move to community treatment and a commitment to "toward local care."

The center continues to grow and has increased its staff from 74 to 85 during this past year. The areas of most growth have been in children and adolescent programs services, community support services and availability of psychiatric coverage.

The center made significant progress on its goals for FY 93-94:

- * The center saw the beginning of construction on four new clinic buildings (Beaufort, Hampton, Allendale and Colleton). The Hampton, Allendale and Colleton clinic buildings are nearing completion and will be ready for occupancy early in FY 94, and the largest building project in Beaufort is expected to be completed in March 1995.

- * The center now has an inpatient psychiatric unit available to clients within our catchment area. Beaufort Memorial Hospital opened a 20-bed unit and the center agreement provides three crisis stabilization beds for clients of the mental health center.

- * The center made progress in its effort to provide housing for psychiatrically disabled adults with the purchase of property by the Beaufort-Jasper Mental Health Association. Funds for purchase of the 1 1/2 acre site were provided by DMH. Construction of the 12 single-unit apartments is planned for FY 94-95.

- * A family preservation program was implemented in Hampton and Beaufort counties. These programs served more than 30 families during the year.

- * Family reunification workers were hired for Allendale, Jasper, Beaufort and Colleton counties. A position in Hampton will be filled during FY 94-95.

- * A therapeutic summer day camp was held in two locations this past year. Children from Hampton, Allendale and Walterboro attended a one-week camp in Hampton, and one week was provided in Beaufort for Beaufort and Jasper county children. A total of 42 children were served.

- * The center increased the amount of psychiatric coverage from 2.8 to 3.7. This increased to 4.7 in FY 93-94.

- * The center received a toward local care grant for a Homeshare program for Beaufort County. Recruiting for foster home providers was conducted, provider training completed and clients selected. The first placement is planned for the early part of FY 94-95.

- * The center's RILS program staff attended the PSR training provided by DMH. A total of 13 staff completed the eight days of intensive training.

- * The center expanded rehabilitative psychosocial therapy in Walterboro and Beaufort counties.

- * The annual planning retreat was held with Dr. Paul Deci as facilitator. The primary focus was the Department's new mission statement (at that time it was in draft form) and its implementation through short and long term planning.

- * The center continued the utilization of groups for short term intervention that can be effectively served by short term structured groups. All five counties now offer a variety of groups for clients entering into our system.

Goals for FY 94-95 are as follows:

- * The center will move into modern office buildings in Walterboro, Hampton, Allendale and Beaufort counties and expect to start construction of two additional sites in Hilton Head and Ridgeland this year.

- * The center plans to hire additional intensive case managers in all five of our counties.

- * The center's five RILS programs will increase hours of operation from four days per week to five days per week.
- * The center will work with the Beaufort-Jasper Mental Health Association to provide a program of psychosocial clubhouse services for clients in the Hilton Head/Bluffton areas. The clubhouse is scheduled to open in October and will be a Fountain House Model program.
- * The center will continue to develop the client employment services program with the hiring of a job coach.
- * The center will hire a consumer affairs coordinator.
- * Working closely with the Beaufort-Jasper Mental Health Association, the center plans to have newly constructed 12-unit apartments available for occupancy.
- * The center Homeshare program will have placed six patients being discharged from SCDMH hospitals.
- * The center will expand DSS-DMH foster family reunification workers to Hampton and Hilton Head.
- * Implement school-based services in Beaufort and Colleton counties.
- * Implement a BabyNet mental health professional in the Beaufort office to be available for Beaufort county.
- * Expand Family Preservation services to Colleton county.
- * Increase child psychiatric coverage from two days per month to four days per month through MUSC contract.
- * Increase child psychiatric coverage by hiring a full-time child psychiatrist.

Columbia Area Mental Health Center (Richland and Fairfield counties)

Last year's annual report outlined Columbia Area Mental Health Center's aggressive agenda for expanding community based services to severely and chronically mentally ill adults and children. Major strides were made in accomplishing these goals during the year.

The center has completed plans to open the Marshall Street Crisis Stabilization Facility by October 1994. This program will result in less restrictive, community based treatment, and a reduction in use of expensive inpatient facilities by residents of Richland and Fairfield counties.

The center opened a large activity therapy center for chronically mentally ill individuals this year. Moving out of the Marshall Street facility permitted this highly effective program to expand the number of individuals it serves each day while providing its rehabilitative services in a facility designed for this specific purpose.

The Lower Richland Clinic office moved this year. The new facility provides more space for services and clients. The building is brighter and more attractive than the old office suite previously available to clients of this region of the catchment area.

The center began its geropsychiatric program this year. Twenty-three clients are receiving treatment with more individuals to be admitted soon. This program is providing intensive psychiatric and medical case management to elderly, chronically mentally ill individuals. Services are being provided in close cooperation with Byrnes Medical Center staff. A careful program evaluation is being performed to allow the center to export what proves useful to other community based providers.

The center has evaluated several of its programs and operations during the year. The geropsychiatric program is evaluating services and effectiveness of interventions for clients receiving treatment compared with a similar group of individuals not assigned to the program. This carefully designed research project will allow the center to build effective programs without ineffective elements in the future. The center has also performed a comprehensive evaluation of the factors leading to fluctuations in DMH hospital admission rates over the last five years. This research should allow us to more effectively plan programs to prevent increases in hospitalization.

During the year, the center hired an outreach worker to provide case management and evaluation services to Columbia's homeless population. In addition, a center physician provides psychiatric services to this needy population. Together, these individuals serve the homeless in places where they live, not waiting for these people to come to the center.

After several years of joint planning and effort, the center and the Mental Health Association renovated four homes and moved 12 center clients into these houses. With the assistance of a HUD grant, the homes were procured and renovated.

Center staff provide on-site assistance to the residents, permitting these chronically mentally ill individuals to assume their place in the natural community.

The center hired three additional intensive case managers to provide services to chronically mentally ill normally served in each of the center clinics. These staff reduced the number of cases handled in the general clinic, increasing effectiveness of interventions for clinic clients while providing more specialized services to some of the most problematic clients for each of these offices.

The center expanded its efforts to work with children and adolescents. The Family Preservation Program for children sponsored by the Department of Social Services (DSS) was enhanced. Negotiations were carried out to place counselors in DSS offices in Richland and Fairfield counties. A staff person was hired for the Richland County position prior to the end of the fiscal year.

The first full year of our Children's Day Treatment Program provided at North Springs Elementary School was successfully completed. A staff person was hired and began providing services early in the fiscal year to children in the Winnsboro middle and high schools. The center co-sponsored a major regional conference on Attention Deficit Disorders.

In addition to the goals outlined last year, the center produced a number of additional achievements.

Over the year, we initiated closer contacts with advocacy groups. They have been consulted regarding changes to our after hours emergency services program. Their advice has been sought regarding the Marshall Street Crisis Stabilization Program and our transitional living facility proposal. We have also worked closely with advocacy groups and S.C. State Hospital to develop a Family Connections Program that will seek to educate and engage families in the treatment process.

This year, the center hired and integrated a Consumer Affairs Coordinator into center operations.

The center developed and pilot tested a specialized program for consumers experiencing severe behavioral disorders. Using the model proposed by Dr. Linehan, clients have received intensive rehabilitative services. The program is viewed by the center staff providing the service, consumers of the service, center management, and case managers whose clients have been taken into the program as a resounding success. Plans have been made to expand this highly successful program over the next two fiscal years.

The center received numerous awards and recognitions this year.

Columbia Area MHC's Independence House was recognized as the best clubhouse in the state.

* John Brown, the center's chief of Rehabilitative and Residential Services was awarded the Outstanding Community Support Program Coordinator of the Year by the Department.

* Pat Hicks of the center's New Directions program for treatment of mentally ill/substance abuse individuals worked closely with Charles Goldman, Richard Legett and Michell Bennett and published an article in the *Journal of the South Carolina Medical Association*.

* Judy Noffsinger presented a paper on violent mental health clients at a national conference. A paper she has written with Larry Faulkner and Kemper Breeding may be published soon.

* A paper written by Larry Faulkner, Charles Goldman and Kemper Breeding on a methodology for estimating need for psychiatric coverage was published in *Community and Hospital Psychiatry* during the year.

The center does not rest on its laurels. In spite of shrinking state resources, the center is planning new

initiatives and reallocations of existing resources to more effectively treat our clients.

* We will open the Marshall Street Crisis Stabilization facility during the year. Funding has been secured and plans are proceeding to hire the remaining unfilled staff

positions, renovate the building, procure licensure, and admit our first patient by October 1, 1994. The center anticipates that the intensive treatment program will divert nearly 300 individuals from DMH inpatient care during the year.

- * The center is making plans to expand its day programming to chronically mentally ill residing in rural areas of our catchment area. The Lower Richland Clinic is conducting a feasibility study to provide this service to residents of a community care home. The center will build a new facility and significantly increase the number of people served by the Winnsboro Dayspring program. Anticipated opening date for the new facility in Winnsboro is January 1, 1995.

- * During FY 93-94, the center entered into an agreement with DMH to change our transition from long term care to community care home program. Under the new arrangement, individuals will be discharged from long term inpatient care to Homeshare living arrangements. Each person discharged will live with a family who will provide support to the person. A center case manager and therapist will provide therapy and rehabilitation to the client and support to the family. This more homelike living arrangement should speed the reintegration of the person into the community.

- * The center has also been awarded funds to establish and operate a transitional living facility. This housing option will move severely mentally ill people from long term hospitalization toward community reintegration.

- * The center's behavior therapy program will be expanded to serve nearly 60 severely behaviorally impaired adults during this fiscal year.

- * Children's services will be further expanded during FY 94-95. Counselors will begin serving children at Webber School in Lower Richland, an elementary school in Winnsboro and at Richland and Fairfield county DSS offices. Agreements are being negotiated with Columbia College to place a counselor at a Columbia school as part of a community development grant. Feasibility studies are being conducted to implement intensive case management services for children and adolescents operating out of each of our clinics serving children.

- * Housing options will increase for our consumers during the year. Friendship Center has received HUD funding for 16 single unit efficiency apartments in Columbia and has submitted an application for a 20 unit apartment complex in Winnsboro.

- * The center will implement a Family Connections Program. Using staff transitioned to Columbia Area from S.C. State Hospital, the program will assist families of mentally ill individuals develop skills to restore their family member to the highest level of mental health possible.

- * The center has begun negotiations to expand services in cooperation with the criminal justice system. We are negotiating and hope to implement a contract with Richland County Detention Center for an on site mental health intervention. We have also initiated contacts with the Probation and Parole office to more closely coordinate services of these two agencies. We also implemented contracts with law enforcement to provide training to law enforcement officers on mental health issues. We also are negotiating with several local agencies to assist DMH in dealing with its forensic population and "Not Guilty by Reason of Insanity" patients.

Columbia Area MHC continues to seek ways to extend services to individuals in need.

Greenville Mental Health Center (North Greenville County)

FY 93-94 was a year of expansion, transition, and self-examination for the Greenville Mental Health Center.

Twelve new positions were added for a total of 89 employees. Service contacts increased over 20,000 to a total of 102,858 for the year.

The center completed the following goals:

- * an RPT program was developed for mentally retarded/mentally ill clients, with activities designed for the special needs of this population;

- * a modified non-hospital intensive care format has been used in developing a special program for dually diagnosed alcohol and drug addicted and mentally ill clients,

which has proven very effective. Two new positions have been established to expand this program with increased outreach and educational emphasis;

- * two new positions have been established to provide case management services to RILS clients;

- * the center has been successful in negotiating additional transitional housing options of a three-bedroom and a six-bedroom house. An additional employee has been added to our Homeless program to focus on housing, and a close relationship has been developed with the local Housing Authority for long-term housing negotiations. Expanded employment options have not been realized but is still being targeted. Resources have not been adequate thus far;

- * the center's intake system has been revised resulting in a reduction in the waiting period for new clients. However, other problems have developed which may necessitate further revision. Polling other centers revealed common problems statewide with no strong model. The no-show rate showed an insignificant reduction;

- * the computer networking system has been installed and is functioning well. The center has also been chosen as a pilot for computerized central scheduling.

Other goals were not met due to insufficient medical coverage. However, two psychiatrists have been hired and a new psychiatrist position is being established. The center is in the process of reorganizing the management structure to a medical model system with psychiatrists directing all clinical services. It is anticipated this will better position the center to compete in a managed care system.

Child/adolescent services has expanded significantly with two additional school-based programs and two DSS-based counselors.

The center has added a new prevention service in the Green Avenue Project. An outreach worker provides educational and counseling services to high-risk pregnant teens with follow-up after delivery. The focus is on prevention of child abuse.

With increased risk to staff and clients of communicable disease and other safety issues, the center established a safety committee to develop a comprehensive action plan. Guidelines established by the Committee have been impressive and is expected to significantly reduce this center's risk factors.

The center board held its annual retreat and worked on an action plan for board activities for the year.

A priority accomplishment of center management was the revision of the mission statement which conforms with the more recently revised departmental mission statement.

A critical concern for the center has been the reported hospital admission rates to state facilities. The center successfully negotiated an emergency stabilization contract with Marshal I. Pickens Psychiatric Hospital which recently began accepting commitments. Available funds for this venture were limited but did help in reducing admissions to Harris Hospital.

The greatest impact on the admission rate resulted from reconciling statistical reporting with Piedmont Center for Mental Health Services and correcting inaccuracies. The center has dropped from third highest in admissions to ninth in the state--a far more realistic appraisal of the center's performance. The alcohol and drug admission rate has consistently been low due to the relationship with probate court and strong utilization of the judicial commitment process.

Unfortunately, for the first time in the history of the center, the year ended with a deficit. This was due to various departmental actions which were unfunded/unbudgeted, (eg., reclassification of nurses positions, declassification of psychiatrists) and to the center's decision to develop local hospitalization options.

Goals for FY 94-95 are to:

- * further reduce admission rates to state facilities per departmental goals;
- * increase housing options for clients with chronic mental illnesses;
- * develop respite care options for families of people with chronic mental illnesses;
- * develop family preservation services for child/adolescent families at risk of dissolution;
- * expand case management services to all center programs for clients in need;
- * maximize utilization and efficiency of resources by developing a cost center analysis system;

- * expand employment options for clients with chronic mental illnesses;
- * establish a consumer affairs office;
- * become fiscally solvent with no major restrictions; and
- * expand after-hours emergency services to improve availability of face-to-face contacts.

Lexington County Community Mental Health Center (Lexington County)

The Lexington County Community Mental Health Center experienced tremendous growth in FY 93-94.

Clinical services for adults and children were expanded, with over a 50 percent increase in staff and the addition of new program initiatives.

This is clearly evidenced in our meeting the following goals during the year:

- * two psychosocial rehabilitation programs to extend services to psychiatrically disabled clients have been developed to begin operation in August and September 1994;
 - * child and adolescent services have expanded to include family outreach, an ADHD clinic, school-based counselors in four of five school districts, and the placement of mental health workers in the county Department of Social Services office and children's shelter; child and adolescent services now represent 17 percent of the center's budget, up from 2 percent in FY 92-93.
 - * a full-time volunteer services coordinator was hired to develop volunteer resources for center clients and programs;
 - * the Toward Local Care supported apartments and Homeshare programs for elderly clients became fully operational, reaching our goal of placing 30 long-term clients from Crafts-Farrow State Hospital into the community;
 - * a contract was negotiated with Friendship Center West to provide socialization for clients after hours and on weekends;
 - * a satellite was established in Swansea to serve children, adolescents and their families;
 - * efforts toward developing housing alternatives resulted in HUD approval to construct apartment housing for 20 chronically mentally ill clients in conjunction with Friendship Center in West Columbia;
 - * program evaluation and research initiatives are in process with both USC and Hall Institute;
 - * networking with county and state agencies resulted in the development of conjoint programs with DSS, LRADAC and the county Office on Aging;
 - * adequate office space was secured to expand child and adolescent services and begin two RPT programs;
 - * the intensive case management program for chronic recidivists was developed and expanded;
 - * job placement opportunities for clubhouse members were increased;
 - * psychiatric coverage on a full-time basis was obtained for adult services;
 - * the center expanded its relationship with Hall Institute in the placement of psychiatric residents in center programs;
 - * the center joined with S.C. State Hospital and Crafts-Farrow State Hospital to develop and implement hospital/community programs. Two CFSH employees currently work full-time in the TLC program;
 - * collection of Medicaid revenues from FY 93 to FY 94 was doubled;
 - * team-building and staff development training opportunities were provided to all center staff;
 - * a full-time quality assurance coordinator was hired and began implementing a center-wide quality assurance program.
- Center goals for FY 94-95 are to:
- * complete construction of an administration, acute care and child and adolescent facility;
 - * bring into full operation programs in Lexington and West Columbia;
 - * develop an RPT and community-based outreach program for the elderly in conjunction with the county Office on Aging;

- * complete the community mental health center and Friendship Center HUD Project;
- * implement the funded MHA psychosocial clubhouse program in Lexington County;
- * continue developing housing alternatives;
- * bring satellite clinics in Swansea and Batesburg/Leesville into full operation;
- * implement non-hospital intensive care program;
- * establish community-based crisis stabilization alternatives for adults, children and adolescents;
- * expand emergency services in Lexington Medical Center;
- * reduce adult psychiatric admissions to state facilities by one-fourth;
- * maintain current child and adolescent and forensic admission rates;
- * continue to provide continuing education opportunities for all center staff;
- * expand intensive treatment services to include a program for dually-diagnosed, high-management clients;
- * continue to develop job placement opportunities for clubhouse members;
- * recruit a full-time medical director;
- * develop a family preservation program;
- * continue developing jail services from a half- to three-quarters time position;
- * expand interagency efforts with LRADAC to address dually diagnosed high management clients;
- * reorganize administrative and business services to increase efficiency and effectiveness in supporting clinical programs;
- * continue to maximize collection of Medicaid and private insurance revenues;
- * implement computer capability in all office locations of the center;
- * begin implementing limited RPT program for children and adolescents;
- * develop a diversion program in conjunction with the Department of Juvenile Justice; and
- * expand caregiver services to include groups for parents of sexual abuse victims, juvenile sex offenders, as well as ADHD children.

Orangeburg Area Mental Health Center (Orangeburg, Bamberg and Calhoun counties)

The Orangeburg Area Mental Health Center continued to be challenged with changes, increased service growth and lack of adequate medical staffing during the past year.

Staff, however, continued to be committed to providing high quality mental health care through involvement in Total Quality Management Teams for planning, managing and evaluating the various program service areas.

Significant progress was realized for four of the five goals established for FY 93-94, as follows:

- * The expansion of the TLC Project to maintain 30 patients in the community discharged from the state facility has not been fully implemented. The acquisition of the Transitional Living Home during the final phase of the fiscal year will assist in providing full implementation of our target goal as we currently have 27 patients discharged within the community. Additionally, the construction of 20-single independent housing units was completed for the mentally disabled.

- * Specialized services for older adults have been implemented with a trained gerontological professional as coordinator and two additional staff members. A special two-day program for Alzheimer clients and a day program for older adults have been implemented.

- * Services for children, adolescents and their families (CAF) have increased with the addition of six full-time staff members in three new programs. A school-based, day-treatment program; child welfare initiative program with foster and adopted children; and a transition counselor to work with prenatal substance abusing mothers have been added to the CAF services. Five vacancies in the component, including the director for CAF, caused some backlog in rendering services. However, this unit began a four-day work schedule with extended evening hours to enhance the ability to serve clients during evening hours.

* An extensive center-wide family education program for consumers did not materialize as envisioned for this fiscal year. Family education classes were conducted for eight weeks for consumers and families by SCAMI through the efforts of the CE&P coordinator. A consumer affairs coordinator will be employed in FY 94-95 with major emphasis on insuring family education programs for consumers on an on-going basis.

* Considerable efforts have been involved in increasing the morale of staff at the Orangeburg Area Mental Health Center. A morale team was established as one of the major TQM teams. A survey to determine staff satisfaction was administered to all staff, and programs and activities implemented during the year, with the goal of re-administering another survey to measure the extent of improvement in staff morale. Some of the activities implemented by the team included staff suggestion box, the execution of bonding exercises for center-wide staff meetings, planning retreats for all staff and the promotion of social activities during and after working hours.

During the fiscal year the census increased from 1,974 to 2,203.

Goals for FY 94-95 are as follows:

- * strengthen and support the older adult program services;
- * increase school-based services in the catchment area;
- * expand employment service opportunities for clients;
- * develop a specialized intensive management team for clients with seriously mental illness;
- * increase family involvement in educational programs for consumers with assistance of a volunteer coordinator, consumer affairs coordinator, CE&P Staff, OAMHC board of directors and linkages with other community agencies; and
- * promote and encourage continued principles of TQM.

Pee Dee Mental Health Center (Florence, Darlington and Marion counties)

Pee Dee Mental Health Center worked during FY 93-94 toward the accomplishment of seven goals.

Following is an outcome report on each goal:

Goal 1--To implement plans developed by each county to create community support for the center's mission and to develop supportive relationships in the community:

Outcomes--

* Board and staff worked together in their respective communities on a number of projects aimed at creating community support for the center's mission.

* Darlington County board members and staff developed a new branch of the Alliance for the Mentally Ill in the Darlington County area. A *Kids in Crisis Task Force* was formed to address the issue of teen suicide. A workshop on *Depression in Adolescence* was conducted and a *Survivors of Suicide Support Group* is planned for Darlington County.

* Florence County board members and staff provided prevention and management of aggressive behavior training for family members and boarding home staff. They carried out an initiative to provide in-school counselors in the Florence District schools.

* Marion County board members and staff focused on community education. Two open house events were held at Friendship House. Staff psychiatrists presented programs on holiday stress and dealing with phobias.

Goal 2--To expand family preservation services in Florence and Darlington counties.

Outcomes--

* The Florence County Family Preservation Program now has an outstationed mental health counselor in the Florence County DSS office.

* Darlington County has a Family Preservation unit located in the Darlington County DSS office. The unit consists of a supervisor and two mental health counselors.

Goal 3--To enhance emergency services through improved telephone access and identification of funding sources for beds.

Outcomes--

* The center augmented its regular on-call emergency services with the activation of a toll-free number, 1-800-808-4796, August 18, 1994. This number is accessible from anywhere in the center's catchment area.

* Negotiations with several local resources have resulted in plans for McLeod Regional Medical Center to begin admitting patients under commitment orders by early fall.

Goal 4--To continue to develop the client employment services program and expand employment opportunities center-wide.

Outcome--

* A full time employment services coordinator has been employed. Each RILS program has a job coach.

Goal 5--To encourage, support, and emphasize the participation of mental health service recipients in staff activities and center-wide programs.

Outcome--

* The center's first coordinator of Consumer Affairs joined the staff in February 1993.

* Goals which have been attained include the development of a Consumer Advisory Committee for each RILS program; presentations on consumer rights and responsibilities, the art of negotiation, and assertiveness training.

* The role of the coordinator of Consumer Affairs includes participation on center-wide committees executive management team, management advisory council, and the quality assurance overall committee.

Goal 6--To provide staff development opportunities to clinicians for the use of groups and short-term therapy:

Outcome--

* Rational Behavior Therapy Level II was completed by 10 mental health professionals.

* A five-session program aimed at using RBT in the group treatment modality and reviewing major mental illnesses, personality disorders, and addictive behavior for RBT intervention was provided.

Goal 7--To continue to implement the center's budget deficit reduction plan through the budget review committee and monitoring of location objectives.

Outcome--

* The Budget Review Committee meets monthly to review Center expenditures and revenue. All locations set objectives for Medicaid billable service hours at the beginning of the fiscal year. The Budget Review Committee reviews monthly reports on all billable services. The committee provides feedback through team site visits and a turnaround form asking for identification of barriers preventing goal attainment. Its efforts have been successful in enhancing revenues and promoting quality services.

Goals for FY 94-95 are to:

* build a new clubhouse in Darlington County;

* build a new clinic building and clubhouse in Lake City;

* develop a COMPEER Program using the National Compeer Program Model;

* develop the coordinator of Consumer Affairs' role into a full-time permanent position;

* expand the number of geriatric specialists to one in each county community mental health center;

* implement the BabyNet Program at Linda M. Summer Family Services; and

* identify a TQM project to begin work on.

Piedmont Center for Mental Health Services (South Greenville County)

The Piedmont Center for Mental Health Services serves a rapidly growing industrial area in South Carolina. The area is experiencing a tremendous influx of new businesses and high technology industries. This is accompanied by many housing starts, new apartment complexes and families moving into the area.

To serve the growing population, the center has full-time offices in Simpsonville and Greer and a part-time office in Piedmont. Simpsonville is now the fastest growing

towns in South Carolina. The catchment area population has grown to 154,627 and is projected to continue rapid growth.

Serving the seriously mentally ill continues to be a top priority of the center. There are numerous community based programs to provide services to this population. The center, through contractual arrangements, places clients in eight 10-bed community care homes, Ridgeview Community Care Homes and Gregory's Community Care Homes II. The center provides a rehabilitative psychosocial therapy program for these 80 clients.

Construction on the J. Charlie McKinney House, a 10-bed community residential program for the deaf mentally ill, was completed in June 1994. Clients will enter the home in July 1994. A full range of rehabilitative services will be provided for these clients.

The center contracts with Gateway House to provide a program of psychosocial clubhouse services for 30 clients. The clients live at Gateway Apartments, Portals Apartments, Towers East Apartments or Carolina Retirement Center. The Hillcrest Heights Apartments were opened in March 1994. These 12 apartments were constructed with a HUD grant to the Greenville Mental Health Association. Gateway House provides supportive employment services for selected clients.

The center also uses the services of Goodwill Industries and Vocational Rehabilitation. The center operates Sunshine House in Simpsonville, a Restorative Independent Living Skills program, and Rainbow House in Greer, which has a similar program.

The center contracts with Marshall I. Pickens Hospital and Charter Hospital of Greenville to provide local inpatient stabilization for mentally ill clients needing acute care. Other local hospitals are utilized when clients have resources to cover the cost of inpatient care.

The center relates closely with Harris Psychiatric Hospital which serves Region B of the state. For children the center contracts with Marshall I. Pickens Hospital Child and Adolescent Program, Anderson Youth Treatment Center and Charter Hospital for local emergency stabilization.

The center provides a family preservation service for high risk children. All children in this project are in threat of being removed from the home and placed in a DYS or DMH institution. This program functions in close collaboration with the Department of Youth Services and the Family Court.

The center provides community residential treatment services for children ages 11 through 16 in the Clear Spring Home for girls and the Bethany Home for boys. The Piedmont Center has collaborated with Bryson Middle School where a full-time mental health counselor and a part-time clinician have been placed. These counselors work with children and parents and provide consultative services to teachers and staff. Research is included in this project. Two additional school projects have been designed and approved and will begin with the 1994-95 school year.

The Piedmont Center made much progress toward the goals established for FY 93-94. The goals and responses were:

- * recruit a full time psychiatrist--full time psychiatrist was hired in February 1994; a child psychiatrist and a adult psychiatrist from Harris Hospital began part-time work at the center during the year; the center continues recruiting efforts for a child psychiatrist;

- * open, staff and develop a program for 10 residents of the community residential and treatment program for deaf mentally ill clients--construction is completed, and the home will open in July 1994;

- * develop a Restorative Independent Living Skills program for clients living in and near the town of Piedmont-- this program has been delayed due to other new programs and will be open by December 31, 1994;

- * implement a federal CASSP grant to expand the Family Preservation Program and also add a volunteer program to help serve the at-risk children in the Family Preservation Program-- this federal grant was approved but not funded and will be resubmitted;

- * work with the Greenville County Mental Health Association to open an apartment complex for clients in the Simpsonville area--Hillcrest Heights Apartments were completed in March 1994; and

* gain state approval for a bond issue to plan and construct a new center building--DMH approved the project in FY 93-94; an architect was hired, and the center is in the process of purchasing a building site; construction is projected to begin in February 1995.

The center had very impressive statistics for FY 93-94 which include:

Total Number of Patient Contacts - 56,627

New Admissions Readmissions-1,639

Readmissions-272

Serving the seriously mentally ill and emotionally disturbed children will continue to be top priorities.

Goals for FY 94-95 are to:

- * increase child psychiatric coverage in the Simpsonville and Greer offices;
- * implement two additional school-based projects;
- * begin construction on a new center facility in the Simpsonville area;
- * open a psychosocial clubhouse program in Piedmont;
- * have the program for the deaf mentally ill fully operational;
- * add more housing resources in the Greer area;
- * implement a TLC Homeshare Project for 10 clients; and
- * increase by 50 percent the number of clients receiving job coach services.

Santee-Wateree Community Mental Health Center (Sumter, Clarendon, Kershaw and Lee counties)

FY 93-94 continued to be one of expansion of services to severely mentally ill adults and children. The center's caseload for this priority population continued to grow this year, as did the services to this population. At any given time during the year, some 3,700 unduplicated consumers were receiving services from Santee-Wateree.

The center increased the units of service delivered to our priority population to just over 71,000 units; almost double the amount of service from two years earlier.

The center continued in the philosophical shift from office-based service to home-based service, as well as from central-inpatient-service to community service. As in the previous year, the center deferred almost 50 percent of hospitalizations to Columbia by utilizing local inpatient services of Tuomey Regional Medical Center.

The center also made great progress this year in after-hours, face-to-face screening capabilities. With the creation of a third after-hours emergency team (Clarendon County), the center is now able to offer after-hour screening services in those counties that have local emergency rooms.

In addition, the center successfully completed all of its established goals set during the year. These included:

- * expansion of services to children and adolescents that included--hiring a board-certified child psychiatrist as well as implementing the foster care re-unification program; on-site services to schools were implemented in two counties, with plans made for services for the next year in the other two counties; a specially designed child and adolescent office is nearing completion in Sumter County, and offices are in the design stage for two other counties;

- * expansion of consumer employment services--the Genesis Work Center began full implementation this year; over 86 consumers were provided with jobs through Genesis Center which included lawn maintenance; custodial; assembly work for local furniture manufacturers; as well as a consumer-run carpet installation unit; 17 consumers from this unit were placed in the competitive job market this year;

- * expanded clubhouse and activity services-- this year saw the implementation of a new RILS program in Clarendon County focusing on dually diagnosed clients as well as expansion of the existing program in Kershaw County to include evening and weekend programming; the Sumter program brought about the consolidation and expansion of two smaller programs into a state-of-the-art facility; and a daily activity program began in Lee County focusing on elderly psychiatrically disabled consumers.

- * the construction and opening of Washington Place, a 16-unit HUD apartment complex owned and operated by the Mental Health Association of Sumter County; the association, in conjunction with the city of Sumter, also purchased two older homes in the city to provide housing for single-parent consumers; the Kershaw Mental Health

Association and Santee-Wateree CMHC also submitted for the third time a proposal to HUD for individual living apartments for our consumers in the Kershaw County area; decision on this proposal is expected in October 1994;

- * improved continuity of care activities with Hall Institute--this year the center, in conjunction with Hall Institute, co-facilitated several treatment groups including a male dual diagnosis group as well as several women treatment groups; weekly interchange of staff continued as did weekly home visits with center staff and USC medical students;

- * continued implementation of the existing TLC project--eight clients have been discharged from Crafts-Farrow State Hospital, with seven of them living in the community; of the seven in the community, five live in independent apartments in Lee County, the other two reside in residential care facilities; and

- * implementation of the pilot MIS project for Community Mental Health--the center has now completed one full year as the pilot site.

Goals established for FY 94-95 include the following:

- * study ways to reduce emergency commitments to state facilities; create a pilot project in one county utilizing community input and support;

- * implement an Alzheimer's Day Treatment Program;

- * collaborate with Hall Institute to determine more effective ways of treating dually diagnosed populations;

- * continue housing initiatives;

- * continue emphasis on supportive employment;

- * increase school-based services; and

- * increase Standards and Monitoring staff and services.

Spartanburg Area Mental Health Center (Spartanburg, Union and Cherokee counties)

Progress Toward Identified Goals for FY 93-94:

- * Our intent was to remain financially sound, which was again accomplished.

- * There was an overall gain of five clinical staff, while the number of administrative support staff remained the same, supplemented during the year by an average of nine temporaries. (Eighteen clinical staff were hired, while 13 resigned. Seven administrative support staff were hired and seven resigned.) Twelve of the 18 clinicians hired were funded by grant, DSS, or special SCDMH money, some of which was only "start-up/seed" money.

- * \$150,000 was allocated for planning of a new facility for the main center. An architectural firm was chosen, and departmental needs identified. Sites were evaluated and an appraisal done on the prime choice. As of this date, however, a purchase of property has not been made.

- * Funding for New Day (RILS) was again increased.

- * Funding for MHA of the Piedmont's Crossroads Program was also increased.

- * General Intensive Case Management in Spartanburg County was expanded by the addition of four staff.

- * New Port Apartments were opened under the leadership of New Day, Inc.

- * A proposal for intensive case management for the elderly was submitted and funded.

- * A proposal was submitted in response to TLC II and Dr. Paul Deci made a TLC presentation at our center.

- * We worked closely with The Nehemiah Corporation, SCDMH, and the MHA of Cherokee County to plan housing for Cherokee County clients and requested funding for a complementary intensive case management team.

- * Continuity of Care continues to be a priority with each new staff member being oriented and regular audits being done.

- * We continue our relationship with volunteers of America as well as leading the local Homeless Coalition and other efforts to assist our homeless mentally ill clients. A workshop co-sponsored by our Homeless Grant Program focused on the treatment of borderline personality disorders.

* We continue our active work with a local Involuntary Commitment Task Force toward a continuum of alternatives to commitment, including a non-medical detoxification center.

* Our involvement with the multi-agency, five-year research grant, known as the Village Partnership and focusing on pregnant women and infants, continues.

* For the first time in our history, we have a child psychiatrist on our staff.

* We have an infection control coordinator and have hired a consumer affairs coordinator.

* Volunteers contributed the equivalent of \$83,097.00 and 9,233 hours of service. Again they were recognized by staff and the board of trustees.

* We are recruiting staff to expand services to the deaf population.

* Considerable effort was spent struggling with our "mission" in view of clinical demands that regularly out-strip our resources.

* We remain concerned about the safety of our clients and staff as reflected in fire drills, CPR training, etc.

* Start-up funds were requested to hire one intensive case manager in Union County.

* Positions were sought in the AmeriCorps application, including one for a full-time volunteer coordinator.

* Summer day camp in Spartanburg County was provided for clients ages 7-12 for the fifth consecutive year. Able assistance was provided by the Mental Health Association of the Piedmont. Union and Cherokee counties also held day camps to which donations were made by those respective associations.

Goals for FY 94-95 are to:

* remain financially sound;

* retain current staffing level and fill other vacancies as funding is available;

* purchase a site for new main center and hold ground breaking;

* resume family preservation program if funding is made available; and

* hire a second child psychiatrist on a part-time basis.

Tri-County Community Mental Health Center (Dillon, Chesterfield and Marlboro Counties)

Tri-County started FY 93-94 by moving into its new office in Marlboro County. The new building has given the center more visibility and definitely a new image in the community. Purchase of land in the other two counties has taken longer than expected. We hope to break ground on those buildings before December 1994.

One of the biggest issues the center has faced for years has been the lack of medical coverage. This year we recruited two full-time adult psychiatrists. With the help of some contract physician time, we now have at least three days of medical coverage per week in each county. In addition, we have recently started some Saturday children's clinics. This is the best medical coverage this center has ever had and it is already making a difference.

Center commitment rates have started to decrease. This year we saw a 13.2 percent decrease in over-all center commitment rates. Our list of clients who are repeatedly committed have dropped from 21 to eight in less than a year. This has been helped by the fact that we now have intensive outreach case managers in all three counties. We also have dual-diagnosis groups running in Chesterfield and Dillon counties and plans for one in Marlboro County are under way.

Our restorative independent living skills programs have added staff, doubling our client capacity in those programs. The rehabilitative psychosocial therapy boarding home program in Cheraw has increased its activity space, allowing them to see more clients. That program is continuing to develop services for after-hours. The restructuring of this program is making it possible for us to house more clients with higher needs in the community.

We helped clients move into independent housing this year and are working on plans to build several apartments for clients. We are just beginning to work on employment for clients and hope to focus more strongly on that in the coming year.

We hired a part-time consumer affairs coordinator who has taken on responsibilities such as client satisfaction surveys and organizing a local consumer advisory panel.

We trained workers on each of our outreach teams in eligibility so that we have at least one person trained in each county. We recently established a records management slot that will review all old records and all new records at intake to assess the need for help with eligibility.

Children's services received major focus at the center this year. Despite problems in hiring children's workers, children and adolescents contacts increased by 10 percent this year. We still need to fill DSS intensive case-management positions, and staff is interested in increasing our summer camp and other summer programs. There is community interest in living skills programs for transitional adolescent in school-based programming. However, staff recruitment limits our ability to go forward with these plans. It is the one service area in which we continue to have long-term vacancies.

Staff has worked literally hundreds of hours with the Healthy Start Coalition and other collaborative interagency efforts to improve services to children in our catchment area.

The center administrative board made community awareness its main goal this year with a focus on elected officials. Mental Health Month got considerable coverage in local newspapers. We set up information booths in all three counties and are now making presentations to our three county councils.

We have a new volunteer to coordinate volunteer services, and we plan a kick-off meeting in the fall. We also had a successful family education training presentation in Marlboro County this year.

We now have a full-time quality assurance coordinator, improving monitoring, training, documentation, policy and general quality of care.

This is also important, in light of increased Medicaid earnings. This year saw another 11 percent increase in Medicaid billing.

Computer capacity continues to increase, and all levels of staff are becoming computer literate. We hope to be using the new statewide software by December. We are now able to do some program-based budgeting with an internal computer programming package.

Goals for FY 94-95:

- * decrease center commitments to a rate of 300 per 100,000 population; continue to explore options for local inpatient care;

- * increase array of services for children via hiring staff for DSS positions and add at least one of the following: nurturing center, more special summer programming, or living skills for adolescents;

- * complete new buildings for Dillon and Chesterfield;

- * increase housing and employment opportunities for center clients;

- * increase local resources and public awareness by increasing volunteers, membership in local support organizations, and public presentations and media coverage. Continue participation in local interagency coalitions;

- * provide some dual-diagnosis services in each of our three counties; and

- * be on the new state-wide software by December so that statistics, billing, and budgeting are all managed by computer increase training for clerical staff, doctors and other clinical staff.

Waccamaw Center for Mental Health (Georgetown, Horry and Williamsburg counties)

The past fiscal year has involved many transitions and significant growth as Waccamaw Center worked to meet the priorities of DMH and the communities we serve. Those priorities begin with provision of services to the chronically mentally ill consumer and the child with severe emotional disorders.

Consumers with special needs such as dual diagnosis or homelessness have also received emphasis in planning and program development. The center has made a commitment to financial responsibility.

Community involvement has increased as we have worked toward the development of a "mental health center without walls," by increasing outreach services in a variety of ways and by outstationing staff in a number of agencies. Included in this increased outreach is the employment of a consumer to provide input to management regarding programming and needs assessment.

A comparative review of this year's utilization statistics with those of FY 92-93 provides a clear indication of continued growth and success in the provision of services as follows:

| | FY 92-93 | FY 93-94 | Increase |
|----------------------|----------|----------|----------|
| Admissions | 2,740 | 3,043 | 9 % |
| Direct Svc. Contacts | 99,659 | 114,805 | 9 % |

Children, Adolescent and Family programs have experienced dramatic changes in the need for, and delivery of, services to children and their families.

| | FY 92-93 | FY 93-94 | Increase |
|----------|----------|----------|----------|
| Contacts | 10,447 | 15,382 | 68% |

Family Preservation Programs are in full operation in two counties. Child Welfare positions are outstationed in Social Service offices and in two counties, staff members provide services in schools. The school-based program is an innovative, collaborative, service delivery system in Horry County, which has received recognition and financial assistance locally and on a state level.

The Department of Juvenile Justice peer counselor program provided in Williamsburg County also is in the school rather than the mental health clinic. The center is making every effort to have services provided in the environment where the problems occur. More emphasis will be placed on alternate forms of treatment including group and in-home family counseling. Other treatment techniques include educational groups, self-help groups, summer camps, family and individual therapy.

Services to individuals and families with major psychiatric concerns continue to develop with the full implementation of Intensive Case Management Teams in Horry and Georgetown counties. An additional half-day has been added to the Restorative Independent Living Skills (RILS) programs in all three counties. Each RILS program now operates four-and-a-half days every week.

The rate of admissions to central inpatient facilities is one of the lowest in the state and reflects our priority to provide local care. Along these lines the memorandum of agreement between the center and a local inpatient facility continues to provide acute care to patients of the Center who are identified as chronically mentally ill. The relationship with this facility is expanding with the development of a program which is located in that hospital and staffed by the center. This program will provide intensive treatment during the day for clients in crises, further reducing dependence on central facilities.

Housing for clients who are homeless remains a priority and has resulted in a Stewart B. McKinney Grant application for surplus housing at the site of the Myrtle Beach Air Force Base which closed in 1991. An additional grant for renovation and operating costs for the first year has been submitted to SCDMH.

The philosophy of the center continues to focus on special programs which are developed to meet special needs of individual consumers and communities. Special programs include the center's Minority Outreach Program with its emphasis on black males; the Job Coach Program and the Homeless Program. Other special services are counseling for hearing impaired; staff development; and consultation and education.

The center operates an Employee Assistance Program with full-time staff who serve contracts established with agencies and industry. The production of "The Other Voice," an award-winning newsletter, is part of our EAP and community education program. In addition to the programs and services indicated above, the center provides placements for internship for a number of social work and psychology graduate students from a number of universities.

The center's goals for FY 94-95 will continue to reflect the emphasis of SCDMH on the treatment of chronic mental illness, and services to children and their families. Community resources and relationships are being developed to provide a continuum of care from inpatient care, through outpatient treatment, and into job location and housing.

In Children, Adolescent and Family Services, the goals include continued growth of the school-based program with financial support from the S.C. Department of Education and the legislature as well as SCDMH. At present, much work is going into the proviso for wrap-around services for children referred to DSS. Horry County is a pilot project and will develop and initiate a system to provide this service. In Williamsburg County, a grant has been written for a Rural Nurturing Center.

Services to chronically ill adults require a variety of local resources which the center will continue to develop. Within the next year, housing will be available for this population. Contracts with local facilities will be maintained, and, wherever possible, expanded to provide acute care/inpatient services.

Facility development will reach a milestone with the completion of the new central office in Horry County in December 1994. The primary need at present is acquisition of funding for a new office to house our Georgetown clinic. We will continue to pursue this through the annual permanent improvement plan process. In that process, this clinic is "next in line" for funds in the community facility development process. Assessment of the center's permanent improvement needs for all clinics continues on an on-going basis.

The center's commitment to fiscal responsibility is reflected in the final budget report ending with a small carryover of funds. Emphasis on accurate reporting of services and the establishment of performance standards contributed to this positive outcome and will continue to be a goal of this facility.

Waccamaw Center will continue to work with all staff in the development of clinical skills through staff development programs and the continued implementation of a formal supervision process, which was started in March 1994.

DIVISION OF INPATIENT SERVICES

Bryan Hospital

(G. Werber Bryan Psychiatric Hospital)

Goals for FY 93-94:

- * to provide efficient and professional administrative and supporting services to patient care areas and other components of the facility.

Objectives:

- * to maintain adequate staff to provide quality service;
- * to ensure an adequate budget to support the program in the facility;
- * to maintain sufficient supplies and equipment to support the various components of the facility; and
- * to provide a means to recognize exemplary BPH employees for their service to patients.

Outcomes:

- * efforts are underway to recruit and maintain adequate nursing personnel. At the current time agency nurses are used to maintain adequate nursing staffing.

- * the budget continues to be adequate and is monitored to ensure it is spent appropriately; supplies and equipment continue to be adequate; upgrading of computer systems continues. Clinical information can now be sent to mental health centers by computer; and

- * an outstanding employee was chosen for the year and honored with a drop-in; the Performance Improvement Department recognizes quality work by posting signs in the lodges and other locations throughout the facility.

Goals and objectives for FY 94-95:

Annual Goal:

- * to provide efficient and professional administrative and supporting services to patient care areas and other components of the facility.

Objectives:

- * to maintain adequate staff to provide quality service;
- * to ensure an adequate budget to support the program in the facility;
- * to maintain sufficient supplies and equipment to support the various components of the facility; and
- * to provide a means to recognize exemplary BPH employees for their service to patients.

Byrnes Center

(James F. Byrnes Center for Geriatric Medicine, Education and Research)

A great part of FY 93-94 was spent creating our new name, updating our mission statement, developing a vision statement, improving service performance, strategic planning, research, and preparing for JCAHO. Of course, all of these administrative processes remained patient focused.

Our new name is James F. Byrnes Center for Geriatric Medicine, Education, and Research and our new mission and vision is to provide individualized, holistic, and compassionate care for our patients in a safe and nurturing environment and to provide comfort and support to their families. We provide services and support to DMH inpatient facilities and including community mental health centers and to patients referred by S. C. Department of Corrections, S. C. Department of Health and Environmental Control, and other contracting entities.

Our Services Lines include: geriatric acute care; medical-psychiatric care; corrections medicine; ambulatory care; diagnostic services and education and research.

Further, we seek to enhance the future of quality health care through education and patient care research.

Our vision is to be nationally recognized as a model for excellence in geriatrics.

While developing our new name and mission, we were busy meeting goals established in FY 92-93. We have successfully

- * extended Byrnes services to the community mental health system through the Columbia Area Joint Gero-psychiatric Project;
- * established a Respiratory Therapy Department;
- * identified renovation funding for the Geriatric Acute Care Unit;
- * recruited three exceptional medical staff members for faculty positions;
- * expanded Research staff to include a part-time epidemiologist, doctor of Pharmacy, Ph.D. nurse, and a full-time administrative assistant;
- * improved staff interaction; and
- * achieved re-accreditation from JCAHO.

As a result of our expanded mission and vision, Byrnes continues to be a facility in transition. Improving staff communication remains a top priority in our effort to instill trust and ownership through staff participation in facility planning and management.

Other priority areas and goals for 1995 are to:

- * improve management of information;
- * increase research/education;
- * enhance patient/family education;
- * improve environment;
- * provide cultural competency training; and
- * maximize reimbursement for services.

Crafts-Farrow State Hospital

Crafts-Farrow State Hospital is a geropsychiatric inpatient treatment facility that serves citizens throughout South Carolina, aged 60 and over. Patients are admitted who need acute and/or long term psychiatric care.

Crafts-Farrow also receives admissions to a 30-bed chemical dependency treatment program for patients 55 and over, and to a dually diagnosed mental retardation program (ICF/MR) serving those of age 21 and older. These programs provide inpatient treatment interventions which are not available elsewhere in the state.

During FY 93-94, Crafts-Farrow successfully accomplished the following:

- * For the seventh consecutive year, the facility passed all state, federal and departmental licensing and certification surveys. Due to Crafts-Farrow's exemplary federal

survey record over the past several years, the hospital was exempted from DHEC's annual certification survey process for FY 93-94.

- * CFSH staff, along with the staff of South Carolina State Hospital and other representatives from throughout the agency, successfully laid the groundwork for to establish the psychiatric rehabilitation division. The division has accomplished its short-term goals and is working diligently on its long-term goals.

- * Crafts-Farrow continues to work very closely and in concert with all community mental health centers and TLC programs to expedite the placement of the division's patients to less restrictive and more independent environments.

- * Due to revised interpretation of federal guidelines, it became necessary to convert the McLendon Building into a nursing home. Conversion process was initiated during FY 93-94.

Goals for FY 94-95 are to:

- * complete conversion process of converting the McLendon Building from a psychiatric hospital to a nursing home;

- * implement necessary steps to obtain JCAHO accreditation for FY 95-96;

- * continue to enhance cooperation with the community mental health centers'

Toward Local Care Programs;

- * continue accreditation by Commission of Accreditation of Rehabilitation Facilities (CARF), September 1994;

- * continued developing treatment services which address the needs of the total person, building upon a complete array of services, internal and external to Crafts-Farrow;

- * continue outreach to improve aftercare services provided for the older adult, to include community outreach efforts to enhance aftercare services for the chemically dependent patients which would increase their achievement of abstinence and improve compliance with aftercare services; and

- * the ICF/MR will continue to enhance its work shelter program.

Hall Institute

(William S. Hall Psychiatric Institute)

FY 93-94 was one of continued progress for the William S. Hall Psychiatric Institute (WSHPI) in meeting the education, research, clinical service, systems development and revenue enhancement components of the mission statement.

All programs maintained their DHEC, HCFA, and JCAHO certification, and the Institute completed the fiscal year well within its expenditure budget.

The educational programs for medical students, residents, fellows, psychology interns and other trainees at Hall Institute continue to meet accreditation requirements and to recruit excellent candidates for training.

Quality assurance, continuous quality improvement and total quality management efforts have been expanded and are on schedule.

Staff continue to maintain leadership roles in many DMH initiatives, including the Public Academic Consortium, the Transition Council, and the state plan.

Major accomplishments during FY 93-94 can be subdivided into the various components of the WSHPI mission.

In education, Dr. Breen was recruited to become the assistant director of the public psychiatry training program. The residency and fellowship programs continue to thrive despite difficult recruitment problems for psychiatry across the nation.

The community psychiatry training experience for residents is going well, and residents have had training experiences in several community mental health centers throughout the state.

The DMH staff development and training office was transferred to WSHPI, and Dr. Pressley was appointed as its director. The WSHPI symposia series and Hilton Head conference continue to be very successful.

Community psychology fellowship programs were implemented in cooperation with the community mental health centers in Lexington and Rock Hill.

Successful ACGME site visits were completed for the general residency, child residency, and the institution itself, as were AAPL site visits of the forensic fellowship and an APA site visit of the psychology internship.

In research, Dr. Jerrell was recruited to become the new associate director of research. Several research groups at WSHPI have continued their research agendas in child and adolescent psychiatry, forensics, geriatrics, community psychiatry, substance abuse, and mental health systems structure and function.

Grant awards were obtained from the USC Institute for Families in Society and the Fullerton Foundation.

The Hall Institute Department of Neuropsychiatry was designated as a National Association of State Mental Health Program Directors research fellowship training site, and two research fellows were also accepted for training.

Dr. Rogers was selected to become an NIMH-UCLA mental health services scholar.

In clinical services, inpatient services on child and adolescent, general psychiatry and neurology, and forensics continue to be reorganized and down-sized, while ambulatory care, emergency and community consultation services have been expanded in all areas.

Full JCAHO, HCFA, and DHEC accreditation and certification continue.

Successful recruitment took place for a new associate director for adult inpatient and community psychiatry (Dr. Prier); director of the Shearouse Pavilion (Dr. Bank); director of the child and adolescent outpatient clinic (Dr. McPherson); chief of Department of Juvenile Justice consultation (Dr. Kowalski); and three forensic psychiatrists (Dr. Behrmann, Dr. Frierson, and Dr. Schwartz).

In systems development, major linkages continue between WSHPI and DMH central office, Richland Memorial Hospital, the Dorn Veterans Administration Hospital, the Byrnes Medical Center, Columbia Area MHC, Santee-Wateree MHC, other DMH facilities and community mental health centers and the Department of Juvenile Justice. These collaborations involve a broad range of education, research, and clinical service activities.

The Wilson Building has been converted into a multi-purpose continuing education and employee health facility of DMH staff.

In summary, FY 93-94 has been another busy and productive year for WSHPI as it has moved toward fulfilling its mission and living up to its potential. The continuing challenge will be to maintain a constructive balance between the demands for education, research, clinical service, systems development, and revenue enhancement.

Harris Hospital (Patrick B. Harris Psychiatric Hospital)

Harris Hospital's revised mission is to provide intensive, short-term, psychiatric diagnosis and treatment to the people of 14 counties of upstate South Carolina. It is a 24-hour facility providing emergency voluntary and involuntary inpatient care for the adult and adolescent psychiatric community.

Specialized programs for substance abuse disorders, deaf clients and for adolescents are also provided. Harris Hospital utilizes a combined team approach involving multiple disciplines for treatment planning, implementation, as well as in coordination of total care and continuity of aftercare. The hospital brings state of the art treatment as part of the fabric of community mental health services. These services are provided with the least amount of patient restriction and maximum opportunities for each person's growth and healing. There is a constant and ongoing emphasis on programs of quality, and compassionate giving is stressed.

The Harris Hospital vision is to become recognized regionally and eventually nationally as a center of excellence in the provision of mental health services. Among the mental health centers it serves, it will be recognized as a steadfast resource that can be relied upon in moments of crisis and routinely to comply with a request to assist those centers to fulfill the objectives established for them by the agency.

For patients and families, Harris Hospital will continue to enhance its reputation for high quality care, compassionately and rendered to patients and families in crisis.

For staff, Harris Hospital will be known as an organization that values and appreciates the employees and their contribution to the organization and recognizes

those contributions in special emphasis programs developed by the hospital on behalf of the staff.

Accomplishments for the FY 93-94 include:

* Harris Hospital has provided services to 2,448 patients. Specifically, these included:

| | |
|------------------------------|-------|
| adult psychiatric admissions | 1,840 |
| adolescent admissions | 210 |
| substance abuse admissions | 373 |
| hearing impaired admissions | 25 |

* Harris Hospital was in compliance with all mandatory and voluntary surveys conducted by agency, state and consumer organizations during the year. The hospital was surveyed by the Health Care Finance Administration (HCFA), and for the second consecutive year did not incur a single deficiency in any area--an outstanding accomplishment for the hospital's staff. Harris Hospital aggressively prepared for its upcoming triennial survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) scheduled to be conducted in July 1994.

* Harris Hospital enhanced the quality of care to its hospital division through continuous re-examination and improvement of the services provided to them. Every hospital division and every department within those divisions have published mission, vision and value statements, goals and objectives, and have disseminated them throughout the hospital. Every department was involved in at least one continuous quality improvement opportunity during the fiscal year.

* Harris Hospital enhanced the technical competence of its clinical staff through the active recruitment of able professionals and through the provision of educational and training experience for those already employed.

* Harris Hospital ensured appropriate utilization of its 206-bed capacity. The hospital management and staff ensured the cost-effective delivery of services through conscientious control of expenditures and through aggressive pursuit of initiatives that improve efficiency and reduce waste without jeopardizing patient care. Harris Hospital tenaciously strove to obtain the fiscal and staff resources necessary to operate all 206 licensed beds so as to better address the needs of patients and mental health centers in Region B.

Goals for FY 94-95 include:

* to demonstrate hospital commitment to excellent inpatient care by continuous internal assessment of patient care provided, able and competent professional and support staff resources and by exemplary hospital performance ratings from mandatory and voluntary surveys conducted by agency, state and consumer organizations during the fiscal year;

* to ensure that capital expenditures required for improving the hospital environment for patients and staff, maintaining its physical assets and improving the hospital's efficiency and effectiveness are an integral part of the budget formulation and expenditure process;

* to continue to strive to obtain the fiscal and staff resources necessary to operate all 206 licensed beds so as to better address the needs of patients and mental health centers in Region B;

* to support all toward local care initiatives that have been identified by the SCDMH Transition Leadership Council; and

* to inform, support and interact with the inpatient facilities' governing body in successfully assisting in the attainment of the goals and objectives that have been established for DMH.

Harris Hospital successfully performed its mission by rendering quality services to the state's most precious resource: its citizens. Harris Hospital strove this fiscal year and will continue to strive in future fiscal years for excellence, fairness, courtesy and compassion in all its endeavors. If it should ever behave otherwise in its interactions with others, Harris Hospital appreciates being reminded.

Morris Village

(Earle E. Morris Alcohol and Drug Addiction Treatment Center)

In many ways, FY 93-94 was one of progress for Morris Village. Some goals were carried forward from last year, while others were new efforts aimed at enhancing staff development, promoting public outreach, and refining the level of treatment provided.

Enhancement in in-service training procedures provided a higher quality and better variety of speakers and topics for staff development. Continuation of Total Quality Management strategies allowed significant input by staff into the facility's problem-solving mechanism and resulted in improved staff morale and sense of teamwork.

Routine visits to community mental health centers and alcohol and drug abuse commissions were continued in an effort to refine continuity of care, the goal being to maintain open communication with referral sources to prevent problems and to encourage treatment on a local level whenever possible.

A revised brochure and mission statement emphasize Morris Village's commitment to patient care. Our mission statement indicates that our mission is, "To provide careful evaluation, safe detoxification, and individualized inpatient treatment for chemically dependent persons."

Additionally, nursing staff was assigned to treatment teams, 25 clinical staff members were certified in Rational Behavior Therapy, and a clinical supervision program was implemented this year. Each of these initiatives ultimately assist in improving the level of treatment provided to our patients.

In the upcoming year we envision establishing a clinical skills training program to ensure that staff acquire and maintain an appropriate level of knowledge and skill in treating chemically dependent patients. A companion manual will be developed and used as part of the training program. We plan to continue a newly-implemented quarterly community education series for the public. Also, we will strengthen ongoing relationships with William S. Hall Psychiatric Institute, University of South Carolina School of Medicine and Richland Family Practice to assist in residents' and students' educational experiences as well as to collaborate in basic research projects.

We look to the near future with anticipation as DMH monitors issues such as health care reform, state government restructuring and the national trend toward outpatient chemical dependency treatment. Morris Village will remain at the forefront of these issues and will be prepared as changes occur.

South Carolina State Hospital

The major thrust of activities during FY 93-94 was the formation of the new psychiatric rehabilitation division, which consists of Crafts-Farrow and S.C. State Hospitals.

The organizational structure continues to evolve through retirement of personnel and realignment of activities to properly support the mission of each hospital.

In collaboration with SCAMI, SCMHA, SHARE and the Lexington and Columbia Area Mental Health centers, S.C. State Hospital implemented a new service program to offer family members education, support, skill-building and advocacy service. Two S.C. State Hospital staff were assigned to each center to pilot this project for the purposes of transitioning hospital staff to community programs and reducing family burdens and helping families support their mentally ill relative.

S.C. State Hospital staff worked with community liaison staff to develop standardized continuity of care procedures for the DMH Continuity of Care Manual, and a standardized reporting mechanism of community liaison activity at the hospital. Hospital staff worked with center staff to successfully reach the TLC goals for discharging patients to individually designed programs.

Coordination between hospital and community staff occurred for the next phase of TLC to prepare programmatic plans for discharge of special needs patients. S.C. State Hospital staff received exemplary recognition of efforts toward community service with the social work staff receiving awards from SCAMI for Outstanding Service-Inpatient Transition to Community from DMH Community Support Programs; and PAMI Council Member of the Year.

Work continued on the expansion of the psychiatric rehabilitation training program which offered classes to several community mental health centers, with the objective of

enhancing the continuity of care from the in-patient to the community setting. Our internal training component has grown to 48 fully certified trainees.

DIVISION OF NURSING CARE SERVICES

Tucker/Dowdy-Gardner

(C.M. Tucker Jr./Dowdy-Gardner Nursing Care Center)

During the fiscal year, C. M. Tucker Jr./Dowdy Gardner Nursing Care Center emphasized continued refinement of quality clinical services to its long-term care residents. To that end, management adopted Total Quality Management as its philosophy and undertook the empowerment of staff at all organizational levels in the continuing improvement of services.

Success was manifest in a number of concrete measures:

- * the facility received a three-year accreditation with commendation by the Joint Commission on Accreditation of Health Care Organizations, one of few long-term care facilities in the nation to receive such commendation;
- * the program expanded its emphasis on process improvement to enhance quality in place of fault finding;
- * continuing quality improvement teams were organized to address clinical issues resulting in significant progress in overall skin care and nutrition/dining services for residents;
- * the organization was chosen as a training and testing site for a DHEC/DSS grant program to train certified nursing assistants;
- * the clinical and administrative structures were reorganized to include unit-based teams; improved communications and accountability resulted;
- * the clinical resident assessment and care planning system was fully computerized to ensure complete and comprehensive evaluations and plans and reduce paperwork demands on nurses;
- * the organization was commended by DMH for operating throughout the year in a fiscally responsible manner;
- * the programs were certified by the Department of Health and Environmental Control/ U.S. Health Care Administration with no significant deficiencies noted;
- * physical and occupational therapy services were markedly expanded, allowing more extensive and longer term availability to residents;
- * the number of professionals trained increased with rotations for family practice and internal medicine residents and continued placements for nursing students, MSW students, activity therapy interns and pharmacists;
- * pastoral care services were improved in quality and availability with placement of interns from the Clinical Pastoral Education program;
- * two members of the medical staff were awarded certificates for added qualifications by the Board of Internal Medicine after completion of the board's examination;
- * unit-based inservice education was implemented allowing more staff to avail themselves of training opportunities;
- * five employees were accepted in the Ladders in Nursing Careers program for extended education through a Robert Wood Johnson grant to the SC Hospital Association;
- * the program extended the clinical emphasis on restorative care through a comprehensive manual and additional staff resources devoted to restoring previous function of residents; and
- * volunteer services continued to expand with an increased number of volunteers and time provided and greater value of donations.

The organization exists to provide the highest quality of services to its residents, constantly seeking improvement through enhancements in medical technology and the treatment process. Within that framework, operational goals for FY 94-95 include:

- * continued improvement of clinical and administrative processes through employee empowerment, continuous quality improvement teams, and the principles of TQM;

- * operation through the fiscal year within the budgetary allocations provided;
- * continued development of unit-based teams to provide higher quality and greater continuity of services to residents; and
- * enhanced appreciation for cultural diversity among all staff.

The management staff of Tucker/Dowdy Gardner is responsible for the operation of two contract facilities of the Department, the Richard Michael Campbell Veterans Nursing Home and the Dowdy Gardner Nursing Care Center/Rock Hill. Specific information regarding each facility is as follows:

Richard Michael Campbell Veterans Nursing Home

Mission: to provide long-term nursing care services for South Carolina veterans.

Goals accomplished for FY 93-94 include:

- *successfully maintained licensure and certification requirements in addition to Veterans Administration requirements;

- *successfully operated the facility within budget authorizations;

- *opened the fifth ward by April 1, 1994, thereby completely opening the facility.

Major goals for FY 94-95 include:

- *complete preparation for accreditation by the Joint Commission on Accreditation of Healthcare Organizations by 1995;

- *maintain licensure, certification and VA requirements for all programs; and

- *operate the facility within budget authorizations.

Dowdy Gardner Nursing Care Center/Rock Hill

Mission: to improve the quality of life for elderly residents age 65 and older who have a primary psychiatric disability, with psycho-behavioral manifestations, and with complicating secondary medical problems. Dowdy Gardner/Rock Hill supervises a total of 176 licensed beds.

Goals accomplished in FY 93-94 include:

- *successfully maintained both licensure and certification requirements as a Medicaid provider;

- *successfully operated within budget authorizations while delivering quality services.

Major goals for FY 94-95 include:

- *gradually phase out licensed beds through attrition and careful placement of residents in appropriate long-term care settings.

- *maintain licensure and certification for all programs; and

- *operate the facility within budget authorizations.

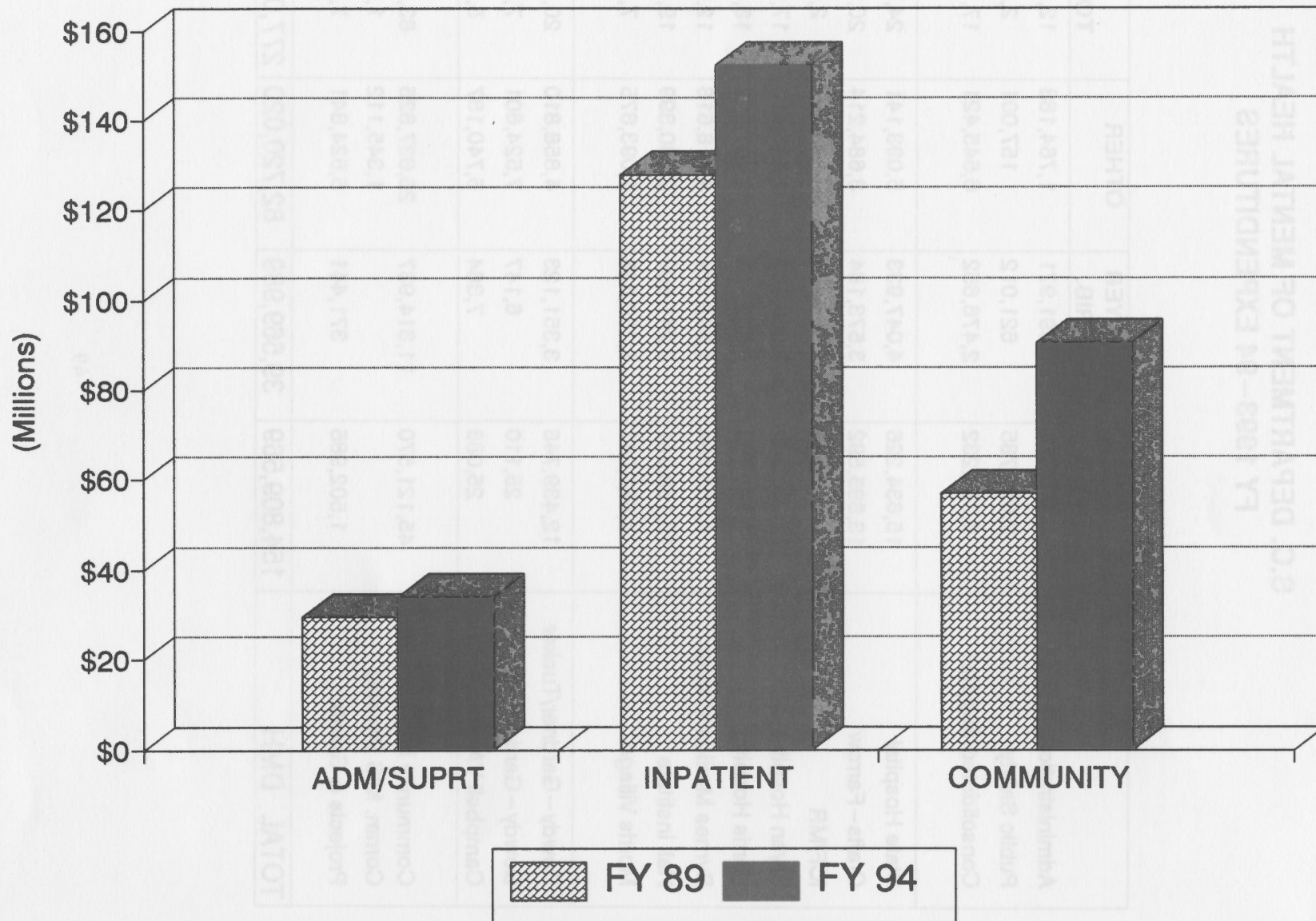
EXECUTIVE STAFF

Director of Mental Health Joseph J. Bevilacqua, Ph.D.
 Deputy Director John A. Morris, M.S.W.
 Division of Administrative Support Services R. Brooks Galloway, Director
 Division of Financial Services John D. Bourne, Director
 Division of Human Resource Svcs. William R. Noyes, Director
 Division of Information Resource Management J. Regis Parsons, Director
 Office of Communications Maureen T. Donnelly, Director
 Office of the General Counsel Kennerly M. McLendon, General Counsel
 Office of Internal Audit C. David Biswell, Director
 Office of Public Safety Fred J. Lorick, Chief
 Office of Quality Assurance David L. Mahrer, Ph.D., Director
 Division of Clinical Services
 Division for Alcohol and Drug Services Nancy C. Carter, M.S.W.
 Division for Children, Adol. and Their Families..... Jerome H. Hanley, Ph.D.
 Division for Elderly/Long Term Care C. Edgar Spencer, M.Ed., M.S.W.
 Division of Community Mental Health Svcs. John J. Connery, Director
 Aiken-Barnwell MHC Robert J. Waters, M.S.W., Executive Director
 Anderson-Oconee-Pickens Norman T. Robertson, Ed.D., Executive Director
 Beckman Center for MH Svcs. Brian R. Shealey, M.S.W., Executive Director
 Berkeley County MHC Bernona L. Rodgers, R.N., Executive Director
 Catawba MHC Sam J. Reynolds, A.C.S.W., Executive Director
 Charleston/Dorchester MHC Thomas G. Hiers, Ph.D., Executive Director
 Coastal Empire MHC Ramon D. Norris, M.S., Executive Director
 Columbia Area MHC Judy L. Noffsinger, A.C.S.W., Acting Executive Director
 Greenville MHC Norman A. Desrosiers, M.D., Director
 Lexington County CMHC Louis H. Muzekari, Ed.D., Executive Director
 Orangeburg Area MHC Ida E. Wanamaker, Ph.D., Executive Director
 Pee Dee MHC Charles E. Bevis, Ph.D., Executive Director
 Piedmont Center for MH Services Joe E. James, Executive Director
 Santee-Wateree MHC Olivia H. Williams, M.A., Director
 Spartanburg Area MHC William S. Powell, M.D., Director
 Tri County MHC Janice A. Rozier, M.S.W., Executive Director
 Waccamaw Center for MH James W. Pearson, Ed.D., Executive Director
 Division of Inpatient Services Laura B. Bird, M.D., Acting Medical Director
 Bryan Hospital Sidney G. Alston, M.D., Director
 Byrnes Medical Center G. Paul Eleazer, M.D., Director
 Crafts-Farrow State Hospital..... Jaime E. Condom, M.D., Director
 Hall Institute Larry R. Faulkner, M.D., Director
 Harris Hospital Arthur J. Robarge, M.D., Director
 Morris Village Louise F. Haynes, A.C.S.W., Director
 S.C. State Hospital Jaime E. Condom, M.D., Director
 Division of Nursing Care Services
 Campbell Veterans Home William Biggs, N.H.A., Administrator
 Tucker Center/Dowdy-Gardner Shilda D. Friendly, N.H.A., Director

**S.C. DEPARTMENT OF MENTAL HEALTH
FY 1993-94 EXPENDITURES**

| | PERSONAL SERVICE | EMPLOYER CONTRIB. | OTHER | TOTAL |
|--------------------------|-----------------------------|------------------------------|-------------------|--------------------|
| Administration | 8,578,414 | 1,891,971 | 1,764,188 | 12,234,573 |
| Public Safety | 2,051,785 | 621,012 | 157,001 | 2,829,798 |
| Consolidated Support | 8,754,232 | 2,476,652 | 6,545,421 | 17,776,305 |
| State Hospital | 15,634,226 | 4,047,933 | 5,093,141 | 24,775,300 |
| Crafts-Farrow | 13,695,592 | 3,573,184 | 3,684,214 | 20,952,990 |
| ICF/MR | 1,915,140 | 505,077 | 399,357 | 2,819,574 |
| Bryan Hospital | 11,990,244 | 3,065,363 | 2,545,410 | 17,601,017 |
| Harris Hospital | 8,700,496 | 2,302,753 | 2,407,222 | 13,410,471 |
| Byrnes Medical Center | 6,355,564 | 1,582,774 | 4,618,616 | 12,556,954 |
| Hall Institute | 13,158,341 | 3,241,600 | 2,680,399 | 19,080,340 |
| Morris Village | 4,861,041 | 1,210,638 | 1,093,675 | 7,165,354 |
| Dowdy-Gardner/Tucker | 12,439,746 | 3,351,123 | 4,858,810 | 20,649,679 |
| Dowdy-Gardner: Rock Hill | 25,110 | 6,147 | 7,524,601 | 7,555,858 |
| Campbell VA | 25,083 | 7,384 | 5,740,187 | 5,772,654 |
| Community M H Centers | 45,121,570 | 11,314,937 | 26,637,825 | 83,074,332 |
| Comm. MIS Develop | | | 1,345,112 | 1,345,112 |
| Projects & Grants | 1,502,985 | 371,441 | 5,624,841 | 7,499,267 |
| TOTAL DMH | 154,809,569 | 39,569,989 | 82,720,020 | 277,099,578 |

DMH TOTAL EXPENDITURES FY 89 TO FY 94



South Carolina Department of Mental Health **Total Funds Expenditure Summary**

| Expenditure Summary by Program | FY 90 | FY 94 | CHANGE FY 90–FY 94 |
|--------------------------------|--------------------|--------------------|-----------------------|
| Administration | 9,381,924 | 12,234,573 | 30.41% |
| Public Safety | 3,316,462 | 2,829,798 | –14.67% |
| Consolidated Support | 17,067,818 | 17,776,305 | 4.15% |
| Subtotal | 29,766,204 | 32,840,676 | 10.33% |
| State Hospital | 26,832,275 | 24,775,300 | –7.67% |
| Crafts–Farrow | 20,085,535 | 20,952,990 | 4.32% |
| ICF/MR | 2,077,655 | 2,819,574 | 35.71% |
| Bryan Hospital | 12,707,299 | 17,601,017 | 38.51% |
| Harris Hospital | 10,617,266 | 13,410,471 | 26.31% |
| Byrnes Medical Center | 11,100,016 | 12,556,954 | 13.13% |
| Hall Institute | 18,754,142 | 19,080,340 | 1.74% |
| Morris Village | 5,791,903 | 7,165,354 | 23.71% |
| Dowdy–Gardner/Tucker | 7,696,146 | 20,649,679 | 168.31% |
| Dowdy–Gardner: Rock Hill | 7,151,777 | 7,555,858 | 5.65% |
| Campbell VA | 69,161 | 5,772,654 | 8246.69% |
| Subtotal | 122,883,175 | 152,340,191 | 23.97% |
| Community M H Centers | 54,443,906 | 83,074,332 | 52.59% |
| Comm. MIS Develop | | 1,345,112 | |
| Projects & Grants | 2,659,821 | 7,499,267 | 181.95% |
| Subtotal | 57,103,727 | 91,918,711 | 60.97% |
| TOTAL DMH | 209,753,106 | 277,099,578 | 32.11% |

**COMMUNITY MENTAL HEALTH CENTER
PER CAPITAL EXPENDITURES
FISCAL YEAR 1993-94**

| CENTER | 1994 POPULATION | TOTAL FY 94 EXPENDITURES | PER CAPITA | RANK FY 94 | FY 93 |
|------------------|--------------------|-----------------------------|----------------|---------------|-------|
| Columbia | 315,051 | 12,129,595 | \$38.50 | 1 | 1 |
| Orangeburg | 115,202 | 3,381,713 | \$29.35 | 2 | 2 |
| Aiken | 147,533 | 4,306,182 | \$29.19 | 3 | 5 |
| Tri County | 95,524 | 2,784,238 | \$29.15 | 4 | 4 |
| Piedmont | 153,516 | 4,267,920 | \$27.80 | 5 | 3 |
| Pee Dee | 211,306 | 4,980,728 | \$23.57 | 6 | 6 |
| Santee-Wateree | 200,911 | 4,714,055 | \$23.46 | 7 | 10 |
| Charleston | 395,047 | 9,222,398 | \$23.35 | 8 | 8 |
| Greenville | 179,555 | 4,168,360 | \$23.21 | 9 | 9 |
| Lexington | 178,515 | 4,136,052 | \$23.17 | 10 | 13 |
| Beckman | 223,453 | 4,803,224 | \$21.50 | 11 | 11 |
| Coastal Empire | 176,478 | 3,705,435 | \$21.00 | 12 | 7 |
| Waccamaw | 245,194 | 4,824,977 | \$19.68 | 13 | 12 |
| Catawba | 229,367 | 4,290,616 | \$18.71 | 14 | 14 |
| Anderson | 310,760 | 5,663,272 | \$18.22 | 15 | 15 |
| Berkeley | 142,396 | 2,374,760 | \$16.68 | 16 | 17 |
| Spartanburg | 312,863 | 5,207,114 | \$16.64 | 17 | 16 |
| STATEWIDE | 3,632,671 | 84,960,639 | \$23.39 | | |

**Psychiatric Hospital Admission Rates per 100,000 Population
Fiscal Year 1993 vs Fiscal Year 1994**

| Community Mental Health Center | FY93 Rate | # of Adms | FY94 Rate | Variance |
|---|----------------------|----------------------|----------------------|-----------------|
| REGION A | 256.5 | 2,563 | 294.4 | 37.9 |
| Aiken-Barnwell | 128.8 | 218 | 147.8 | 19.0 |
| Catawba | 167.7 | 474 | 206.7 | 39.0 |
| Columbia Area | 391.6 | 1,430 | 453.9 | 62.3 |
| Lexington | 236.1 | 441 | 247.0 | 10.9 |
| REGION B | 219.7 | 2,328 | 197.3 | -22.4 |
| Anderson-Oconee-Pickens | 210.3 | 604 | 194.4 | -15.9 |
| Beckman | 276.4 | 624 | 279.3 | 2.9 |
| Greenville | | 307 | 171.0 | |
| Piedmont | | 151 | 98.4 | |
| Greenville/Piedmont | | 141 | 42.3 | |
| Spartanburg | 184.8 | 501 | 160.1 | -24.7 |
| REGION C | 240.7 | 1,692 | 224.7 | -16.0 |
| Pee Dee | 281.5 | 547 | 258.9 | -22.6 |
| Santee-Wateree | 211.1 | 408 | 203.1 | -8.0 |
| Tri-County | 342.0 | 288 | 301.5 | -40.5 |
| Waccamaw | 189.0 | 449 | 183.1 | -5.9 |
| REGION D | 101.4 | 784 | 94.6 | -6.8 |
| Berkeley | 97.1 | 111 | 78.0 | -19.1 |
| Charleston/Dorchester | 95.2 | 324 | 82.0 | -13.2 |
| Coastal Empire | 147.2 | 268 | 151.9 | 4.7 |
| Orangeburg | 58.3 | 81 | 70.3 | 12.0 |
| THE STATE | 205.9 | 7,390 | 203.4 | -2.5 |

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH & Bryan.

Includes admissions to CFSH & Harris on psych papers.

Includes the Children's Unit admissions at WSHPI.

Includes Santee-Wateree non-forensic admissions to WSHPI.

The admission rates are annualized.

The variance is the difference between the FY 93 and FY 94 rates.

An estimate of the 1994 population is used to calculate the admission rates.

**Percent of Psychiatric Admissions to Psychiatric Hospitals Screened by
Community Mental Health Centers for Fiscal Years 1993 and 1994**

| Community Mental Health Center | FY93 Percent | FY94 Percent | Change |
|---|-------------------------|-------------------------|---------------|
| REGION A | 98.8 | 98.9 | 0.1 |
| Aiken-Barnwell | 100.0 | 100.0 | 0.0 |
| Catawba | 98.9 | 98.7 | -0.2 |
| Columbia Area | 98.5 | 98.7 | 0.2 |
| Lexington | 99.0 | 99.3 | 0.3 |
| REGION B | 97.8 | 98.4 | 0.6 |
| Anderson-Oconee-Pickens | 96.0 | 97.7 | 1.7 |
| Beckman | 99.3 | 98.7 | -0.6 |
| Greenville | | 98.7 | |
| Piedmont | | 98.0 | |
| Greenv/Piedmont | 97.7 | 98.6 | 0.9 |
| Spartanburg | 98.3 | 98.6 | 0.3 |
| REGION C | 98.4 | 99.1 | 0.7 |
| Pee Dee | 99.2 | 99.1 | -0.1 |
| Santee-Wateree | 95.0 | 97.8 | 2.8 |
| Tri-County | 100.0 | 99.7 | -0.3 |
| Waccamaw | 99.3 | 99.8 | 0.5 |
| REGION D | 98.2 | 98.6 | 0.4 |
| Berkeley | 97.0 | 100.0 | 3.0 |
| Charleston/Dorchester | 97.3 | 98.5 | 1.2 |
| Coastal Empire | 100.0 | 99.3 | -0.7 |
| Orangeburg | 98.5 | 95.1 | -3.4 |
| THE STATE | 98.3 | 98.7 | 0.4 |

SCDMH Psychiatric Admissions:

- Includes all admissions to SCSH & Bryan.
- Includes admissions to CFSH & Harris on psych papers.
- Includes the Children's Unit admissions at WSHPI.
- Includes Santee-Wateree non-forensic admissions to WSHPI.
- Includes non-resident admissions.

**Psychiatric Readmission Rates to Psychiatric Hospitals
Fiscal Year 1993 vs Fiscal Year 1994**

| Community Mental Health Center | FY93 Rate | # of Adms | FY94 Rate | Variance |
|---|----------------------|----------------------|----------------------|-----------------|
| REGION A | 62.8 | 1,600 | 62.4 | -0.4 |
| Aiken-Barnwell | 49.5 | 105 | 48.2 | -1.3 |
| Catawba | 58.2 | 255 | 53.8 | -4.4 |
| Columbia Area | 66.3 | 978 | 68.4 | 2.1 |
| Lexington | 62.7 | 262 | 59.4 | -3.3 |
| REGION B | 54.1 | 1,234 | 53.0 | -5.1 |
| Anderson-Oconee-Pickens | 51.4 | 296 | 49.0 | 2.8 |
| Beckman | 55.0 | 338 | 54.2 | 4.3 |
| Greenville | | 182 | 59.3 | |
| Piedmont | | 89 | 58.9 | |
| Greenville/Piedmont | 58.0 | 89 | 63.1 | 0.9 |
| Spartanburg | 51.1 | 240 | 47.9 | 12.0 |
| REGION C | 56.6 | 951 | 56.2 | -0.4 |
| Pee Dee | 64.1 | 338 | 61.8 | -2.3 |
| Santee-Wateree | 47.4 | 202 | 49.5 | 2.1 |
| Tri-County | 64.0 | 177 | 61.5 | -2.5 |
| Waccamaw | 50.1 | 234 | 52.1 | 2.0 |
| REGION D | 55.7 | 430 | 54.8 | -3.4 |
| Berkeley | 50.4 | 58 | 52.3 | 7.3 |
| Charleston/Dorchester | 57.8 | 187 | 57.7 | -5.6 |
| Coastal Empire | 55.1 | 140 | 52.2 | 0.5 |
| Orangeburg | 56.7 | 45 | 55.6 | -56.7 |
| THE STATE | 57.5 | 4,226 | 57.2 | -0.3 |

SCDMH Psychiatric Admissions:

Includes all admissions to SCSH & Bryan.

Includes admissions to CFSH & Harris on psych papers.

Includes the Children's Unit admissions at WSHPI.

Includes Santee-Wateree non-forensic admissions to WSHPI.

The rate is the percentage of total psychiatric admissions that are readmissions.

The variance is the difference between the FY 93 and FY 94 rates.

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

HOSPITAL SERVICES

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|-----------------------------------|----------|----------|-----------|
| RESIDENTS ON JULY 1, 1993 | 1207 | 1002 | 2209 |
| IN HOSPITAL | 1181 | 977 | 2158 |
| BMC/AREA HOSPITALS | 11 | 19 | 30 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 15 | 6 | 21 |
| TOTAL ADMISSIONS | 6728 | 4048 | 10776 |
| FIRST ADMISSIONS | 3057 | 1927 | 4984 |
| READMISSIONS | 3671 | 2121 | 5792 |
| TRANSFERS IN | 188 | 120 | 308 |
| RETURNS FROM EFF | 67 | 21 | 88 |
| RETURNS FROM EFP | 7 | 7 | 14 |
| TOTAL RECEIVED | 6990 | 4196 | 11186 |
| EFF'S | 73 | 23 | 96 |
| EFP'S | 7 | 7 | 14 |
| ADMINISTRATIVE DISCHARGES | 20 | 4 | 24 |
| REGULAR DISCHARGES | 6536 | 3959 | 10495 |
| DEATHS | 122 | 97 | 219 |
| TRANSFERS OUT | 188 | 120 | 308 |
| TOTAL SEPARATED | 6946 | 4210 | 11156 |
| STATISTICAL DISCHARGES | 4 | 2 | 6 |
| AVERAGE DAILY CENSUS | 1249 | 999 | 2248 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 52.8 | 71.3 | 59.8 |
| RESIDENTS ON JUNE 30, 1994 | 1247 | 985 | 2232 |
| IN HOSPITAL | 1211 | 948 | 2159 |
| BMC/AREA HOSPITALS | 15 | 15 | 30 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 21 | 22 | 43 |

Due to corrections and effective dates, figures may not add down.

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

PSYCHIATRIC HOSPITALS

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|-----------------------------------|----------|----------|----------|
| RESIDENTS ON JULY 1, 1993 | 713 | 468 | 1181 |
| IN HOSPITAL | 693 | 454 | 1147 |
| BMC/AREA HOSPITALS | 5 | 8 | 13 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 15 | 6 | 21 |
| TOTAL ADMISSIONS | 4940 | 3441 | 8381 |
| FIRST ADMISSIONS | 2077 | 1615 | 3692 |
| READMISSIONS | 2863 | 1826 | 4689 |
| TRANSFERS IN | 183 | 109 | 292 |
| RETURNS FROM EFF | 46 | 11 | 57 |
| RETURNS FROM EFP | 7 | 7 | 14 |
| TOTAL RECEIVED | 5176 | 3568 | 8744 |
| EFF'S | 51 | 13 | 64 |
| EFP'S | 7 | 7 | 14 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 4951 | 3402 | 8353 |
| DEATHS | 34 | 20 | 54 |
| TRANSFERS OUT | 123 | 102 | 225 |
| TOTAL SEPARATED | 5166 | 3544 | 8710 |
| STATISTICAL DISCHARGES | 4 | 2 | 6 |
| AVERAGE DAILY CENSUS | 737 | 489 | 1226 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 43.6 | 44.0 | 43.8 |
| RESIDENTS ON JUNE 30, 1994 | 722 | 488 | 1210 |
| IN HOSPITAL | 695 | 465 | 1160 |
| BMC/AREA HOSPITALS | 7 | 5 | 12 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 20 | 18 | 38 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
CHANGE IN HOSPITAL AVERAGE POPULATION
FY 88-89 TO FY 93-94

| | FY 89 | FY 94 | CHANGE AMT | % |
|---------------------|--------------|--------------|-------------|-------------|
| PSYCHIATRIC: | | | | |
| Short-Term | | | | |
| HPH | 150 | 151 | 1 | 1% |
| BPH | 219 | 222 | 3 | 1% |
| WSHPI | 174 | 94 | -80 | -46% |
| | 543 | 467 | -76 | -14% |
| Long-Term | | | | |
| SCSH | 650 | 370 | -280 | -43% |
| CFSH | 530 | 389 | -141 | -27% |
| | 1,180 | 759 | -421 | -36% |
| SPECIALTY: | | | | |
| MV | 179 | 136 | -43 | -24% |
| BMC | 88 | 43 | -45 | -51% |
| | 267 | 179 | -88 | -33% |
| NURSING: | | | | |
| THRC | 560 | 423 | -137 | -24% |
| DGNCC | 572 | 292 | -280 | -49% |
| RMCVNH | 0 | 171 | 171 | N/A |
| | 1,132 | 886 | -246 | -22% |
| DMH TOTAL | 3,122 | 2,291 | -831 | -27% |

**ADMISSIONS, DISCHARGES, IN-HOSPITAL CENSUS
FISCAL YEAR 1993-1994**

| FACILITY | ADMISSIONS | DISCHARGES | CENSUS JUNE 30 | AVERAGE DAILY CENSUS |
|------------------------------------|-------------------|-------------------|---------------------------|-------------------------------------|
| PSYCHIATRIC: Short-Term | | | | |
| HPH | 2,448 | 2,380 | 156 | 151 |
| BPH | 4,119 | 4,039 | 177 | 222 |
| WSHPI | 1,235 | 1,192 | 88 | 94 |
| Long-Term | | | | |
| SCSH | 167 | 128 | 350 | 370 |
| CFSH | 704 | 614 | 389 | 389 |
| SPECIALTY: | | | | |
| MV | 2,170 | 2,092 | 121 | 136 |
| BMC | 705 | 603 | 50 | 43 |
| NURSING: | | | | |
| THRC | 82 | 16 | 406 | 423 |
| DGNCC | 14 | 7 | 269 | 292 |
| RMCVNH | 145 | 27 | 203 | 171 |

ADMISSIONS: First Admissions + Readmissions + Transfers In

DISCHARGES: Regular Discharges Only

DIRM, PDR
September 7, 1994

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

G. WERBER BRYAN PSYCHIATRIC HOSPITAL

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|---------------------------------------|----------|----------|----------|
| RESIDENTS ON JULY 1, 1993 | 152 | 86 | 238 |
| IN HOSPITAL | 150 | 84 | 234 |
| BMC/AREA HOSPITALS | 2 | 2 | 4 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |
| TOTAL ADMISSIONS | 2434 | 1682 | 4116 |
| FIRST ADMISSIONS | 871 | 691 | 1562 |
| READMISSIONS | 1563 | 991 | 2554 |
| TRANSFERS IN | 2 | 1 | 3 |
| RETURNS FROM EFF | 13 | 0 | 13 |
| RETURNS FROM EFP | 0 | 0 | 0 |
| TOTAL RECEIVED | 2449 | 1683 | 4132 |
| EFF'S | 17 | 1 | 18 |
| EFP'S | 0 | 0 | 0 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 2394 | 1645 | 4039 |
| DEATHS | 5 | 1 | 6 |
| TRANSFERS OUT | 61 | 65 | 126 |
| TOTAL SEPARATED | 2477 | 1712 | 4189 |
| STATISTICAL DISCHARGES | 2 | 2 | 4 |
| AVERAGE DAILY CENSUS | 144 | 78 | 222 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 21.3 | 17.6 | 19.8 |
| RESIDENTS ON JUNE 30, 1994 | 124 | 54 | 178 |
| IN HOSPITAL | 123 | 54 | 177 |
| BMC/AREA HOSPITALS | 1 | 0 | 1 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

RICHARD M. CAMPBELL VETERANS NURSING HOME

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|-----------------------------------|-------|--------|-------|
| RESIDENTS ON JULY 1, 1993 | 125 | 6 | 131 |
| IN HOSPITAL | 125 | 6 | 131 |
| BMC/AREA HOSPITALS | 0 | 0 | 0 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |
| TOTAL ADMISSIONS | 138 | 5 | 143 |
| FIRST ADMISSIONS | 115 | 4 | 119 |
| READMISSIONS | 23 | 1 | 24 |
| TRANSFERS IN | 2 | 0 | 2 |
| RETURNS FROM EFF | 0 | 0 | 0 |
| RETURNS FROM EFP | 0 | 0 | 0 |
| TOTAL RECEIVED | 140 | 5 | 145 |
| EFF'S | 0 | 0 | 0 |
| EFP'S | 0 | 0 | 0 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 25 | 2 | 27 |
| DEATHS | 42 | 2 | 44 |
| TRANSFERS OUT | 0 | 0 | 0 |
| TOTAL SEPARATED | 67 | 4 | 71 |
| STATISTICAL DISCHARGES | 0 | 0 | 0 |
| AVERAGE DAILY CENSUS | 164 | 7 | 171 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 298.1 | 473.5 | 308.0 |
| RESIDENTS ON JUNE 30, 1994 | 198 | 7 | 205 |
| IN HOSPITAL | 196 | 7 | 203 |
| BMC/AREA HOSPITALS | 1 | 0 | 1 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 1 | 0 | 1 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

CRAFTS-FARROW STATE HOSPITAL

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|------------------------------------|---------|---------|---------|
| RESIDENTS ON JULY 1, 1993 | 179 | 197 | 376 |
| IN HOSPITAL | 175 | 193 | 368 |
| BMC/AREA HOSPITALS | 3 | 4 | 7 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 1 | 0 | 1 |
| TOTAL ADMISSIONS | 306 | 289 | 595 |
| FIRST ADMISSIONS | 140 | 129 | 269 |
| READMISSIONS | 166 | 160 | 326 |
| TRANSFERS IN | 81 | 28 | 109 |
| RETURNS FROM EFF | 1 | 1 | 2 |
| RETURNS FROM EFP | 3 | 1 | 4 |
| TOTAL RECEIVED | 391 | 319 | 710 |
| EFF'S | 1 | 1 | 2 |
| EFP'S | 3 | 1 | 4 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 342 | 272 | 614 |
| DEATHS | 26 | 15 | 41 |
| TRANSFERS OUT | 6 | 12 | 18 |
| TOTAL SEPARATED | 378 | 301 | 679 |
| STATISTICAL DISCHARGES | 0 | 0 | 0 |
| AVERAGE DAILY CENSUS | 186 | 203 | 389 |
| AVG LOS (IN DAYS) OF ALL RELEASES) | 137.0 | 205.8 | 167.5 |
| RESIDENTS ON JUNE 30, 1994 | 191 | 216 | 407 |
| IN HOSPITAL | 185 | 204 | 389 |
| BMC/AREA HOSPITALS | 5 | 5 | 10 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 1 | 7 | 8 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

DOWDY-GARDNER NURSING CARE CENTER

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|----------------------------------|------|--------|-------|
| RESIDENTS ON JULY 1, 1993 | 87 | 229 | 316 |
| IN HOSPITAL | 87 | 225 | 312 |
| BMC/AREA HOSPITALS | 0 | 4 | 4 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |
| TOTAL ADMISSIONS | 0 | 1 | 1 |
| FIRST ADMISSIONS | 0 | 0 | 0 |
| READMISSIONS | 0 | 1 | 1 |
| TRANSFERS IN | 2 | 11 | 13 |
| RETURNS FROM EFF | 0 | 0 | 0 |
| RETURNS FROM EFP | 0 | 0 | 0 |
| TOTAL RECEIVED | 2 | 12 | 14 |
| EFF'S | 0 | 0 | 0 |
| EFP'S | 0 | 0 | 0 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 0 | 7 | 7 |
| DEATHS | 20 | 28 | 48 |
| TRANSFERS OUT | 1 | 1 | 2 |
| TOTAL SEPARATED | 21 | 36 | 57 |
| STATISTICAL DISCHARGES | 0 | 0 | 0 |
| AVERAGE DAILY CENSUS | 78 | 214 | 292 |
| AVG LOS (IN YRS) OF ALL RELEASES | 4.2 | 5.1 | 4.8 |
| RESIDENTS ON JUNE 30, 1994 | 68 | 205 | 273 |
| IN HOSPITAL | 65 | 204 | 269 |
| BMC/AREA HOSPITALS | 3 | 1 | 4 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

WILLIAM S. HALL PSYCHIATRIC INSTITUTE

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|-----------------------------------|---------|---------|----------|
| RESIDENTS ON JULY 1, 1993 | 44 | 32 | 76 |
| IN HOSPITAL | 44 | 30 | 74 |
| BMC/AREA HOSPITALS | 0 | 1 | 1 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 1 | 1 |
| TOTAL ADMISSIONS | 789 | 442 | 1231 |
| FIRST ADMISSIONS | 439 | 264 | 703 |
| READMISSIONS | 350 | 178 | 528 |
| TRANSFERS IN | 3 | 1 | 4 |
| RETURNS FROM EFF | 4 | 4 | 8 |
| RETURNS FROM EFP | 0 | 0 | 0 |
| TOTAL RECEIVED | 796 | 447 | 1243 |
| EFF'S | 4 | 4 | 8 |
| EFP'S | 0 | 0 | 0 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 749 | 443 | 1192 |
| DEATHS | 0 | 0 | 0 |
| TRANSFERS OUT | 22 | 7 | 29 |
| TOTAL SEPARATED | 775 | 454 | 1229 |
| STATISTICAL DISCHARGES | 0 | 0 | 0 |
| AVERAGE DAILY CENSUS | 63 | 31 | 94 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 25.3 | 22.8 | 24.4 |
| RESIDENTS ON JUNE 30, 1994 | 65 | 23 | 88 |
| IN HOSPITAL | 65 | 23 | 88 |
| BMC/AREA HOSPITALS | 0 | 0 | 0 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

PATRICK B. HARRIS PSYCHIATRIC HOSPITAL

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|---------------------------------------|----------|----------|----------|
| RESIDENTS ON JULY 1, 1993 | 82 | 44 | 126 |
| IN HOSPITAL | 82 | 42 | 124 |
| BMC/AREA HOSPITALS | 0 | 1 | 1 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 1 | 1 |
| TOTAL ADMISSIONS | 1407 | 1027 | 2434 |
| FIRST ADMISSIONS | 627 | 531 | 1158 |
| READMISSIONS | 780 | 496 | 1276 |
| TRANSFERS IN | 11 | 3 | 14 |
| RETURNS FROM EFF | 6 | 1 | 7 |
| RETURNS FROM EFP | 1 | 1 | 2 |
| TOTAL RECEIVED | 1425 | 1032 | 2457 |
| EFF'S | 8 | 2 | 10 |
| EFP'S | 1 | 1 | 2 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 1396 | 984 | 2380 |
| DEATHS | 0 | 2 | 2 |
| TRANSFERS OUT | 18 | 14 | 32 |
| TOTAL SEPARATED | 1423 | 1003 | 2426 |
| STATISTICAL DISCHARGES | 2 | 0 | 2 |
| AVERAGE DAILY CENSUS | 84 | 67 | 151 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 19.7 | 21.3 | 20.3 |
| RESIDENTS ON JUNE 30, 1994 | 84 | 73 | 157 |
| IN HOSPITAL | 84 | 72 | 156 |
| BMC/AREA HOSPITALS | 0 | 0 | 0 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 1 | 1 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

EARLE E. MORRIS, JR. ALCOHOL AND DRUG TREATMENT CENTER

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|-----------------------------------|------|--------|-------|
| RESIDENTS ON JULY 1, 1993 | 107 | 44 | 151 |
| IN HOSPITAL | 107 | 44 | 151 |
| BMC/AREA HOSPITALS | 0 | 0 | 0 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |
| TOTAL ADMISSIONS | 1619 | 551 | 2170 |
| FIRST ADMISSIONS | 855 | 306 | 1161 |
| READMISSIONS | 764 | 245 | 1009 |
| TRANSFERS IN | 0 | 0 | 0 |
| RETURNS FROM EFF | 20 | 10 | 30 |
| RETURNS FROM EFP | 0 | 0 | 0 |
| TOTAL RECEIVED | 1639 | 561 | 2200 |
| EFF'S | 21 | 10 | 31 |
| EFP'S | 0 | 0 | 0 |
| ADMINISTRATIVE DISCHARGES | 20 | 4 | 24 |
| REGULAR DISCHARGES | 1550 | 542 | 2092 |
| DEATHS | 3 | 0 | 3 |
| TRANSFERS OUT | 62 | 17 | 79 |
| TOTAL SEPARATED | 1656 | 573 | 2229 |
| STATISTICAL DISCHARGES | 0 | 0 | 0 |
| AVERAGE DAILY CENSUS | 100 | 36 | 136 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 22.9 | 23.6 | 23.1 |
| RESIDENTS ON JUNE 30, 1994 | 90 | 32 | 122 |
| IN HOSPITAL | 89 | 32 | 121 |
| BMC/AREA HOSPITALS | 1 | 0 | 1 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

SOUTH CAROLINA STATE HOSPITAL

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|-----------------------------------|-------|--------|-------|
| RESIDENTS ON JULY 1, 1993 | 256 | 109 | 365 |
| IN HOSPITAL | 242 | 105 | 347 |
| BMC/AREA HOSPITALS | 0 | 0 | 0 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 14 | 4 | 18 |
| TOTAL ADMISSIONS | 4 | 1 | 5 |
| FIRST ADMISSIONS | 0 | 0 | 0 |
| READMISSIONS | 4 | 1 | 5 |
| TRANSFERS IN | 86 | 76 | 162 |
| RETURNS FROM EFF | 22 | 5 | 27 |
| RETURNS FROM EFP | 3 | 5 | 8 |
| TOTAL RECEIVED | 115 | 87 | 202 |
| EFF'S | 21 | 5 | 26 |
| EFP'S | 3 | 5 | 8 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 70 | 58 | 128 |
| DEATHS | 3 | 2 | 5 |
| TRANSFERS OUT | 16 | 4 | 20 |
| TOTAL SEPARATED | 113 | 74 | 187 |
| STATISTICAL DISCHARGES | 0 | 0 | 0 |
| AVERAGE DAILY CENSUS | 260 | 110 | 370 |
| AVG LOS (IN DAYS) OF ALL RELEASES | 810.5 | 500.9 | 681.0 |
| RESIDENTS ON JUNE 30, 1994 | 258 | 122 | 380 |
| IN HOSPITAL | 238 | 112 | 350 |
| BMC/AREA HOSPITALS | 1 | 0 | 1 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 19 | 10 | 29 |

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SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

GENERAL STATISTICS

C. M. TUCKER, JR. HUMAN RESOURCES CENTER

FISCAL YEAR 1993-1994

| TRANSACTIONS | MALE | FEMALE | TOTAL |
|----------------------------------|---------|---------|---------|
| RESIDENTS ON JULY 1, 1993 | 175 | 255 | 430 |
| IN HOSPITAL | 169 | 248 | 417 |
| BMC/AREA HOSPITALS | 6 | 7 | 13 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 0 | 0 |
| TOTAL ADMISSIONS | 31 | 50 | 81 |
| FIRST ADMISSIONS | 10 | 2 | 12 |
| READMISSIONS | 21 | 48 | 69 |
| TRANSFERS IN | 1 | 0 | 1 |
| RETURNS FROM EFF | 1 | 0 | 1 |
| RETURNS FROM EFP | 0 | 0 | 0 |
| TOTAL RECEIVED | 33 | 50 | 83 |
| EFF'S | 1 | 0 | 1 |
| EFP'S | 0 | 0 | 0 |
| ADMINISTRATIVE DISCHARGES | 0 | 0 | 0 |
| REGULAR DISCHARGES | 10 | 6 | 16 |
| DEATHS | 23 | 47 | 70 |
| TRANSFERS OUT | 2 | 0 | 2 |
| TOTAL SEPARATED | 36 | 53 | 89 |
| STATISTICAL DISCHARGES | 0 | 0 | 0 |
| AVERAGE DAILY CENSUS | 170 | 253 | 423 |
| AVG LOS (IN YRS) OF ALL RELEASES | 3.9 | 3.1 | 3.4 |
| RESIDENTS ON JUNE 30, 1994 | 169 | 253 | 422 |
| IN HOSPITAL | 166 | 240 | 406 |
| BMC/AREA HOSPITALS | 3 | 9 | 12 |
| ON LEAVE | 0 | 0 | 0 |
| ON PASS | 0 | 4 | 4 |

Due to corrections and effective dates, figures may not add down.

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